Name of	Procuring Entity:	Engineers' Hill, B	NAL OFFIC ulua, Cagayar	n de Oro City	or Quotation (P.R	No.): X2-2
Revised				Date:	December 3, 20	
Standard	Form/Title: REQUE	ST FOR QUOTATION		Office/End	I-User: ADMINIS	STRATIVE DI
COMPA ADDRE	NY NAME: SS:				TIN:	
herewith Oro City <b>TERMS</b> 1. All entri 2. Deliven Purchas	e quote your lowest price on to bation duly signed by your re b, to the BAC Secretariat, 2nd and CONDITIONS: ies must be typewritten or legibly wri y period within <u>thirty (30)</u> c.d. upon 6 Order (P.O.) Administrative penalti 9184 shall be imposed for non-delive	Floor Administration Buil tten. receipt of the approved funde soursuant to Sec. 69 of the R	lding, DPWH	l Regional Oi	ffice X, Engineers	s' Hill, Butea, A. ROA, M
3. Warran Equipmen 4. Price va 5. Attach <b>Stateme</b> 6. The Ap, 7. RFQ mu 8. Bidders 9. Please	y shall be for a minimum of three (3 t from date of acceptance by the enc illdity shall be for a period of sixty (6 Certified True Copy of PhilGeps Regis nt (if ABC is above 50K), Income/ proved budget ceiling for this procurs is the signed by an authorized signal shall submit original brochures of th indicate the brand for each items bei 's shall submit sealed quotation.	) months for supplies & materi I-user. 0) calendar days. tration Number, Mayor's Permit <b>Business Tax Return if ABC</b> ment is <b>Php 98,052.19</b> ory. e product (if applicable)	and Omnibus	Swom I Su OK. I Su DK. I Su	upplier must quote asure, correction upplier in any of th d non-complying, squalification.	for all of the or alteration e items shall hence, a grou
Item No.	ITEMS & DES	CRIPTION	QTY.	UNIT	UNIT PRICE	ТОТА
MS-P-01	maleate 325mg/25mg/2mg	(100pcs/box)	3	Box		Р
	Phenylpropanolamine HCL, ( 5 maleate and paracetamol 10 (100pcs/box)	)mg/2mg/500mg,	3	Box		
	Paracetamol 500mg (100pcs		3	Box		
	Aluminum Hydroxide (100pc		1	Box		
	Ambroxol HCL 75mg (100pc		1	Box		
	2 Mefenamic Acid 500mg (100 2 Loperamide 2mg (100pcs/bo		1	Box Box		
	6 Hyoscine N- Butylbromide (1		1	Box		
	5 Cetirizine 10mg (100pcs/box		2	Box		<b> </b>
	7 Amlodipine 5mg (100pcs/bo		1	Box		
	5 Captopril 25mg (100pcs/box		1	Box		ļ
MS-L-004	Losartan potassium 50mg (1	100pcs/box)	1	Box	·	l
MS-M-00	Methyl salicylate, menthol p 36mg/33mg/12mg/7.1mg (	atch IOpe/box)	1	Box		
	Paracetamol 500mg + caffe		1	Box		
	Omeprazole 40mg (100pcs/		1	Box		
MS-B-00	BP Apparatus with Sphygmo	manometer (MANUAL)	1	Set		ł
MS-B-012	2 Blood Glucose strip (25pcs/ł	ox)	2	Box	1	
MS-I-005	Ibuprofen soft gel 200mg (1	.00pcs/box)	2	Box		
- ,MS-I-006	Ibuprofen + paracetamol 20 (100pcs/box)	10mg/325mg	2	Box		
	Sodium alginate, sodium bio carbonate 500mg/257mg/16 (100pcs/box)	arbonate, sodium	1	Box		
MS-C-01	3 Carbocisteine 500mg (100pd		1	Box		
<b></b>	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&	ù			<u> </u>	
<b> </b>	Diazco urito t	TOTAL AMOUNT otal amount in words		<u> </u>		P
<u> </u>		otar amount in words		1		
	<u> </u>					<u> </u>
	SE: For use in the DPWH Regi					
Brand an	d Model:	· · · · · · · · · · · · · · · · · · ·		Warranty:		
Delivery Afi price	Period: er having carefully read a s note above. If the space I concur with the Terms an BAC-Secretariat:	nd accepted your Gen for Delivery Period, N	Warranty a	tions, I / W nd Price Va 1	alidity are left	h the item blank, it n
1	Tel. No. 853-2012			Printed Name/Signature/Date Tel. No./Cellphone No./E-mail Addre		

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