



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
LOWER KALINGA DISTRICT ENGINEERING OFFICE
Bulanao, Tabuk City, Kalinga, Cordillera Administrative Region

Name of Procuring Entity: **DPWH-KDEO** Request for Quotation(P.R. No): **2025-03-0033**
Revised on: _____ Date: **03/12/25**
Standard Form/Title: **REQUEST FOR QUOTATION** Office/End user: _____

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./FAX NO.: _____ TIN No. _____

Please quote your lowest price on the item(s) listed below, subject to the Terms and conditions stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of March 18, 2025 in the return envelope attached herewith, to the BAC Secretariat for Goods, DPWH-KDEO Bulanao, Tabuk City, Kalinga.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 days upon receipt of the approved funded Purchase Order (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery w/o valid reason
3. Warranty shall be for a minimum of three months for supplies & materials; one year warranty for equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. PhilEPS Registration No., Mayor's Permit, DTI, Income/Business Tax Return and Omnibus Sworn Statement shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product if applicable.
7. Please indicate the brand for each item being offered
8. The approved budget ceiling for this procurement is Php **418,585.81**

PAULINO D. BANGANAN
BAC Vice Chairperson

Item no.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
Purchase of Medical Supplies for use of DPWH-LKDEO Employees					
1	Aluminum Hydroxide Magnesium Hydroxide 200mg/100 mg tablet	5	box		
2	Multivitamins + Minerals 30tabs	300	box		
3	Vitamin B1B6B12 100 tabs/box	40	box		
4	Losartan 50 mg	20	box		
5	Amlodipine 10 mg	10	box		
6	Clonidine Hydrochloride 75mcg tab	3	box		
7	Metoprolol Tartrate 100 mg	5	box		
8	Paracetamol 500mg, 500 tabs/box	2	box		
9	Analgesic/non-steroidal anti-inflammatory 200mg	2	box		
10	Phenylpropanolamine Hydrochloride Chlorphenamine Maleate Paracetamol 100 tabs/box	40	box		
11	Montelukast sodium with levocetirizine Dihydrochloride 10 mg/5mg tablet	15	box		
12	Acetylcysteine 600 mg powder for oral solution sachet/box	20	box		
13	Loperamide 2mg/capsule 100 caps/box	2	box		
14	Cetirizine Hydrochloride 10 mg tab	10	box		
15	Co-amoxiclav 625 mg/tab box of 14's	20	box		
16	Cotrimoxazole 800mg/160mg	2	box		
17	Amoxicillin 500mg/cap	3	box		
18	Miconazole Daktarin oral gel 20mg/gram	6	box		
19	Mupirocin 20mg/g ointment topical antibacterial	3	box		
20	Clotrimazole Cream	2	box		
21	Tapazole (Methimazole) 5mg/tab 100 tabs	4	bottle		
22	Hyoscine n-Butylbromide 10mg/tab	1	box		
23	Mefenamic Acid 500 mg/box	3	box		
24	ORS	3	box		
25	Ethyl alcohol 70% Antiseptic/disinfectant (Scented)	30	Gallon		
26	Disposal Surgical Face Mask	10	box		
27	Soft Cotton Wool balls 100% pure cotton	10	pack		
28	Vitex negundo L. Lagundi 600 mg/tablet	15	box		
29	Salbutamol Nebule	1	Box		
30	Salbutamol 2 mg/tab	1	box		
31	Easy Touch Blood Glucose Test strip code 2531	8	box		

Item no:	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
Purchase of Medical Supplies for use of DPWH-LKDEO Employees					
32	Easy Touch Blood Uric Test strip	1	box		
33	Band aid	2	box		
34	Dactarin 20mg/g	5	box		
35	Breastmilk Storage Bag 30 pcs 250ml	10	Box		
36	USB Chargeable Nebulizer Inhaler Hand Held	1	unit		
37	HX Automatic Dispenser 500ml Automatic Hand Spray	3	unit		
38	Benzonaine (Burn Ointment)	2	bottle		
39	Large Capacity Medicine Storage Bag Portable Medical Kit Home First aid Kit Emergency Bag Color Blue Gray size Medium 26*20*18cm	1	Unit		
40	Colchicine 500mcg 100's	1	box		
41	Surgitech Lancets (200pcs)	3	box		
42	BP Aparatus with Stethoscope (Adult size)	1	unit		

Total Amount in Words:

Brand and Model: _____ Warranty: _____
 Delivery Period : _____ Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices note above. If the space for delivery Period, Warranty and Price Validity are left blank, it means we are menable the terms and condition stated above.

Printed Name/Signature/Date

Tel. No./ Cellphone No. / E-mail Address