

# DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS Region III



Sindalan, City of San Fernando, Pampanga



June 13, 2024

# NOTICE OF PROCUREMENT THRU ALTERNATIVE METHODS

Please be informed that the Department of Public Works and Highways, Regional Office No. III, Sindalan, City of San Fernando, Pampanga through the Bids and Awards Committee (BAC) shall be undertaking thru *Small Value Procurement* the hereunder project, pursuant to Section 53.9 of the Revised IRR of RA 9184, to wit:

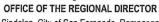
Purchase Request No.	chase Request No. Description	
2024-05-0095 dated May 16, 2024	Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga.	PHP 460,411.23

ARTHUR Q. SANTOS
Chief, Planning and Design Division
(BAC-Chairman)





#### Department of Public Works and Highways Region III







Name of Procuring Entity: DPWH Regional Office No. III		Request for Quotation (P.R. No.): 2024-05-0095		
Revised on:	N/A	Date: May 16, 2024 ABC: PHP 460,411.23		
Standard Form/Title:	REQUEST FOR QUOTATION	Office/End-User: Regional Office		
Mode of Procurement:	Small Value Procurement			
COMPANY NAME	:		PHILGEPs No.:	
ADDRESS	:		TCC No.:	
TEL./FAX NUMBER	:		TIN:	

Please submit your quotation for the item (s) listed below, which may be submitted in person at Bidding Room, Procurement Unit, 2nd Floor, DPWH Regional Office No. III Bldg., Sindalan, City of San Fernando, Pampanga, or thru registered mail, not later than 10:00 A.M. of June 18, 2024. Quotation may be submitted open or sealed and should be duly signed by the firm's owner or authorized representative to the terms and condition, hereof.

#### TERMS AND CONDITIONS:

- 1. All entries must be typewritten or legibly written.
- 2. Delivery period within Fifteen (15) CD upon receipt of the approved funded Pruchase Order (P.O.)
- Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non delivery without valid reason.
- 3. Warranty shall be for a minimum of three (3) months for Inventory/Common Office Supplies and one (1) year for Office Equipment from the date of acceptance by the end-user.
- 4. Price validity shall be for a period of sixty (60) calendar days.
- 5. PhilGEPS Registration Certificate and/or PhilGEPS Registration Number, Mayor's/Business Permit, Latest Tax Clearance/ Income/Business Tax Return and Omnibus Sworn Statement shall be attached upon submission of the quotation.
- 6. Bidders must quote for all the items. Any erasure, correction or alternation made by the bidders in any of the items shall render the bid non-complying, hence, a ground for disqualification.
- 7. Please indicate the brand for each items being offered.
- 8. To present a sample for inspection as indicated in the items to be bidded for.
- 9. The DPWH reserves the right to accept or reject any bid, to annul the bidding process, and to rejects all bids at any time prior to contract award without thereby incurring any liability to the affected bidder.

ARTHUR Q. SANTOS Chief, Planning and Design Division (BAC-Chairman)

ITEMS and DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga				
Paracetamol 500mg	1500	tabs		
	1000	tabs		
Paracetamol + Ibuprofen tablet	400	tabs		
Carbocisteine capsule	200	caps		
	300	caps		
	200	tabs		
	400	tabs		
	750	tabs		
	200	tabs		
	100	tabs		
	400	tabs		
	1000	tabs		
	300	tabs		
Loperamide	500	tabs		
	200	tabs		
	800	tabs		
	800	caps		
Metformin 500mg	150	tabs		
	20	bottle		
Band aid	50	pack		
	10	box		
Face Mask	4	box		
	Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga  Paracetamol 500mg  Paracetamol + Phenyleprine tablet  Paracetamol + Ibuprofen tablet  Carbocisteine capsule  Dextrometorphan+phynylropanolamine+paracetamol capsule  Atenolol 50mg tablet  Amlodipine 5mg tablet  Losartan 50mg tablet  Metropolol 50mg tablet  Clonidine 75mg tablet  Hyoscine tablet  Phenylpropanolaming+clophenamin+paracetamol  Betahistine 16mg  Loperamide  Loratadine 10mg tablet  Alluminum Magnesium tablet  Mefenamic Acid 500mg tablet  Metformin 500mg  Alcohol 70% Isoprophyl 500ml  Band aid  Sterile Gauze Pads 4x4 (100 pcs)  Face Mask	Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga  Paracetamol 500mg Paracetamol + Phenyleprine tablet Paracetamol + Ibuprofen tablet Paracetamol + Ibuprofen tablet Peracetamol + Ibuprofen	Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga  Paracetamol 500mg Paracetamol + Phenyleprine tablet Paracetamol + Ibuprofen tablet  Carbocisteine capsule  Dextrometorphan+phynylropanolamine+paracetamol capsule  Atenolol 50mg tablet  Auou  Caps Atenolol 50mg tablet  Cosartan 50mg tablet  Cosartan 50mg tablet  Cosartan 50mg tablet  Cosartan 50mg tablet  Destrometorphan+phynylropanolamine+paracetamol  Clonidine 75mg tablet  Destroy tabs  Clonidine 16mg  Destroy tabs  Dest	Supply and Delivery of Medical Supplies for use in the DPWH Regional Office No. III Clinic, Sindalan, City of San Fernando, Pampanga  Paracetamol 500mg Paracetamol + Phenyleprine tablet Paracetamol + Phenyleprine tablet Paracetamol + Ibuprofen tablet Paracetamol + Phenyleprine tablet Paracetamol + Ibuprofen t

	AND	,	~~~	4 7	4		
22	Face Mask	4	box				
Aft	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						
	it means that I concur with the Terms and Conditions specefied by DPWH.						
Brand and	J Model:	Warranty:					
Delivery F	'eriod:	Price Validity:					
			Printe	d Name / Signature	/ Date		
	Tel Nos. 045-455-0566	•	Tel. No./C	Cellphone No./E-mai	il address		
RVF/RDF/KOI							



#### Department of Public Works and Highways Region III

### OFFICE OF THE REGIONAL DIRECTOR





Name of Procuring Entity: DPWH Regional Office No. III		Request for Quotation (P.R. No.): 2024-05-0095		
Revised on:	N/A	Date: May 16, 2024 ABC: PHP 460,411.23		
Standard Form/Title:	REQUEST FOR QUOTATION	Office/End-User: Regional Office		
Mode of Procurement:	Small Value Procurement			
COMPANY NAME	:	PHILGEPs No.:		
ADDRESS	:	TCC No.:		
TEL./FAX NUMBER	:		TIN:	

Please submit your quotation for the item (s) listed below, which may be submitted in person at Bidding Room, Procurement Unit, 2nd Floor, DPWH Regional Office No. III Bldg., Sindalan, City of San Fernando, Pampanga, or thru registered mail, not later than 10:00 A.M. of June 18, 2024. Quotation may be submitted open or sealed and should be duly signed by the firm's owner or authorized representative to the terms and condition, hereof.

#### TERMS AND CONDITIONS:

- 1. All entries must be typewritten or legibly written.
- 2. Delivery period within Fifteen (15) CD upon receipt of the approved funded Pruchase Order (P.O.)
- Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non delivery without valid reason.
- 3. Warranty shall be for a minimum of three (3) months for Inventory/Common Office Supplies and one (1) year for Office Equipment from the date of acceptance by the end-user.
- 4. Price validity shall be for a period of sixty (60) calendar days.
- 5. PhilGEPS Registration Certificate and/or PhilGEPS Registration Number, Mayor's/Business Permit, Latest Tax Clearance/ Income/Business Tax Return and Omnibus Sworn Statement shall be attached upon submission of the quotation.
- 6. Bidders must quote for all the items. Any erasure, correction or alternation made by the bidders in any of the items shall render the bid non-complying, hence, a ground for disqualification.
- 7. Please indicate the brand for each items being offered.
- 8. To present a sample for inspection as indicated in the items to be bidded for.
- 9. The DPWH reserves the right to accept or reject any bid, to annul the bidding process, and to rejects all bids at any time prior to contract award without thereby incurring any liability to the affected bidder.

ARTHUR Q. SANTOS Chief, Planning and Design Division

Item No.	ITEMS and DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
23	Plaster 1" (micropore)	30	pcs	1	ſ
	Fusidate Sodium 5g/	35	tube		
25	Povidone-Iodine 120ml	20	bottle		
26	Hydrogen Peroxide 120ml	20	bottle		
27	cotton buds 72"	20	pack		
28	Cotton balls (150 balls)	30	pack		
29	Sinecod Forte 50mg	300	tabs		
30	Ambroxol 30mg	400	tabs		
31	Cetirizine 10mg	200	tabs		
	Atorvastatin 20mg	100	tabs		
33	Alcohol Cleaning Pads	4	box		
34	Povidine Prep Pads	4	box		
35	Rubber Tourniquet	2	pcs		
36	Thermometer	25	pcs		
37	Medical Scissor	25	pcs		
38	Medical Tweezer	25	pcs		
	Triangular Bandage	25	pcs		
	Instant Cold Compress	25	pcs		
41	Brown Paper Bag (medium size)	25	pcs		
42	Pulse Oxymeter	25	pcs		
43	Sterile Gloves Disposable	70	pairs		
44	Medicine Cabinet (First Aid Box)	25	pcs		
	Telmisartan + Amlodipine 40 mg/5 mg	100	tabs		
46	Carvedilol 12.5 mg	100	tabs		
47	Amlodipine besilate + Losartan Potassium 50 mg	100	tabs		
Aft	er having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note a	bove. If the spa	ce for Delivery Per	iod, Warranty and	Price Validity

left blank, it means that I concur with the Terms and Conditions specefied by DPWH.

Brand and Model:	Warranty:
Delivery Period:	Price Validity:
	Printed Name / Signature / Date
Tel Nos. 045-455-0566	Tel. No./Cellphone No./E-mail address
VERDERICAL.	



### Department of Public Works and Highways Region III OFFICE OF THE REGIONAL DIRECTOR





	Sindalan, City of San Fernando, Pam	ipanga BAGONG	PILIPINAS		
Name of F	Procuring Entity: DPWH Regional Office No. III Request for Quotation (P.R. No.): 2024-05-009	5			
Revised of	on: N/A Date: <b>May 16, 2024</b>	ABC:	PHP 460,411.23		
Standard	Form/Title: REQUEST FOR QUOTATION Office/End-User: Regional Office				
Mode of F	Procurement : Small Value Procurement				
COMPAN	IY NAME :	PHILGEPs No	o.:		
ADDRES	s :	TCC No.:			
TEL./FAX	NUMBER :	TIN:			
Fernando	ubmit your quotation for the item (s) listed below, which may be submitted in person at Bidding Room, Procuremen b, Pampanga, or thru registered mail, not later than 10:00 A.M. of <u>June 18, 2024.</u> Quotation may be submitted oper ative to the terms and condition, hereof.				
TERMS A	AND CONDITIONS:				
1. All entri	ies must be typewritten or legibly written.				
	y period within Fifteen (15) CD upon receipt of the approved funded Pruchase Order (P.O.)				
	strative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non delivery without valid		on a war		
!	tty shall be for a minimum of three (3) months for Inventory/Common Office Supplies and one (1) year for Office Ed	quipment from the date	of acceptance by t	he end-user.	
	alidity shall be for a period of sixty (60) calendar days.				
	PS Registration Certificate and/or PhilGEPS Registration Number, Mayor's/Business Permit, Latest Tax Clearance mission of the quotation.	e/ Income/Business Ta	x Return and Omnil	bus Sworn Statemer	nt shall be attached
0.00	s must quote for all the items. Any erasure, correction or alternation made by the bidders in any of the items shall r	ander the hid non com	nlying honce a gro	und for disqualificat	lion
	indicate the brand for each items being offered.	ender the bid non-com	pryring, nerice, a gro	iunu ioi disqualilicat	1011.
	sent a sample for inspection as indicated in the items to be bidded for.				
	WH reserves the right to accept or reject any bid, to annul the bidding process, and to rejects all bids at any time prior	to contract award witho	ut thereby incurring	any liability to the aff	ected bidder.
			,	•	
	ARTHUR Q. SANTOS				
	Chief, Planning and Design Division				
	(BAC-Chairman)				
Item No.	ITEMS and DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	W.A Baum Desk Aneroid	1	pcs		
	3M Littmann Stethoscope (Black) Omron Digital Weight Scale	1 1	pcs		
51	Multifunctional Hospital Bed	1	pcs		ļ
52	Pillow	2	pcs		<del> </del>
	Hospital Bed Cover with Pillow Case (White)	2	pcs pcs		
54	First Aid Bag	1	pcs		
	Box Cooler, 5 quart	2	pcs		
	Box Cooler, 28 quart	2	pcs		
57	Box Cooler, 66 liters rigid, portable polyurethane, foam material, ice retention of 5	days,			
5/	HDPE inner and outer liner material	2	pcs		
	Adjustable Full Arm Split	3	pcs		
	Ice Pack	2	pcs		
	Elastic Bandage, 5 x 5	10	pcs		
	Elastic Bandage, 7.5 x 5	10	pcs		
	Methyl-Salicylate Medicated Patches, 20patches/box	20	box		
63	Cold Spray (Pain Relief)	10	hottles		

TOTAL 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

X-X-X-X Nothing Follows X-X-X-X Note: Date of expiry of all medicines and other medical supplies must not be less than

three (3) years from the date of delivery.

left blank, it means that I concur with the Terms and Conditions specefied by DPWH.	
Brand and Model:	Warranty:
Delivery Period:	Price Validity:
	Printed Name / Signature / Date
Tel Nos. 045-455-0566	Tel. No./Cellphone No./E-mail address
RVE/BDE/KQL	rei. No./Celiphorie No./⊆-iliali address