

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

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REGIONAL OFFICE X Engineers' Hill, Bulua, Cagayan de Oro City Request for Quotation (P.R. No.): X2-24-12-571 Name of Procuring Entity:

REQUEST FOR QUOTATION

Date: December 3, 2024 Office/End-User: ADMINISTRATIVE DIVISION

COMPANY NAME: ADDRESS:

Standard Form/Title:

Revised on:

TIN:

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 am of EB 1 0 2025, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de Oro City.
TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.

2. Delivery period within **thirty (30)** c.**d.** 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 without valid reason.

IRR-RA 9184 snall be imposed for non-delivery without valid reason.

3. Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year for Equipment from date of acceptance by the end-user.

4. Price validity shall be for a period of sixty (60) calendar days.

5. Attach Certified True Copy of PhilGeps Registration Number, Mayor's Permit and Omnibus Sworn Statement (if ABC is above 50K), Income/Business Tax Return if ABCs above P500K.

6. The Approved budget ceiling for this procurement is Php 98,052.19

7. RFQ must be signed by an authorized signatory. 8. Bidders shall submit original brochures of the product (if applicable)

9. Please indicate the brand for each items being offered.

10.Bidder/s shall submit sealed quotation.

IRGIE G. NAYVE, AEr Chief, Construction Division BAC Chairman

Supplier must quote for all of the items. Any erasure, correction or alteration made by the Supplier in any of the items shall render the bid non-complying, hence, a ground for disqualification.

MS-P-010 Phenylpropanolamine HCL 25mg, Chlorphenamine maleate 325mg/25mg/2mg/2mg/2mg/3500mg Box maleate 325mg/25mg/2mg/3500mg Box maleate and paracetamol 10mg/2mg/500mg 3 Box maleate and paracetamol 10mg/2mg/500mg 3 Box ms-P-005 Paracetamol 500mg 3 Box ms-P-004 Aluminum Hydroxide 1 Box ms-A-001 Ambroxol HCL 75mg 1 Box ms-A-001 Ambroxol HCL 75mg 1 Box ms-H-002 Mefenamic Acid 500mg 1 Box ms-H-002 Mefenamic Acid 500mg 1 Box ms-H-006 Hyoscine N-Butylbromide 1 Box ms-C-006 Cetrizine 10mg 2 Box ms-L-006 Cetrizine 10mg 2 Box ms-L-007 Amlodipine 5mg 1 Box ms-L-008 Ms-L-008 Losartan Potassium 50mg 1 Box ms-L-004 Ms-N-010	Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
MS-P-006 Phenylpropanolamine HCL, Chlorphenamine maleate and paracetamol 10mg/2mg/500mg 3 Box MS-P-005 Paracetamol 500mg 3 Box MS-A-001 Aluminum Hydroxide 1 Box MS-A-001 Ambroxol HCL 75mg 1 Box MS-H-002 Mefenamic Acid 500mg 1 Box MS-H-002 Loperamide 2mg 1 Box MS-H-006 Hyoscine N-Butylbromide 1 Box MS-C-006 Cetirizine 10mg 2 Box MS-C-006 Cetirizine 10mg 2 Box MS-C-007 Amlodipine 5mg 1 Box MS-C-008 Captopril 25mg 1 Box MS-L-004 Losartan Potassium 50mg 1 Box MS-H-001 Methyl Salicylate, menthol patch 36mg/33mg/12mg/7.1mg MS-P-011 Paracetamol 500mg + caffeine 1 Box MS-B-007 BP Apparatus with Sphygmomanometer (Manual) 1 Box MS-B-007 BP Apparatus with Sphygmomanometer (Manual) 1 Box MS-B-012 Blood Glucose Strip 2 Box MS-I-006 Ibuprofen Foft gel 200mg 2 Box MS-I-007 Sodium Alginate, Sodium bicarbonate, Sodium 1 Box MS-S-009 Sodium Alginate, Sodium bicarbonate, Sodium 1 Box MS-C-013 Carbocisteine 500mg 1 Box MS-C-013 Carbocisteine 500mg 1 Box TOTAL AMOUNT P			3	Box		P
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