



Name of Procuring Entity:	Request for Quotation (P.R. No.): X2-24-12-571
Revised on:	Date: December 3, 2024
Standard Form/Title:	Office/End-User: ADMINISTRATIVE DIVISION
REQUEST FOR QUOTATION	

COMPANY NAME:
ADDRESS:

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 on **FEB 10 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.
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.

VIRGIE G. NAYVE, AEC
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.

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
MS-P-010	Phenylpropanolamine HCL 25mg, Chlorphenamine maleate 325mg/25mg/2mg	3	Box		P
MS-P-006	Phenylpropanolamine HCL, Chlorphenamine maleate and paracetamol 10mg/2mg/500mg	3	Box		
MS-P-005	Paracetamol 500mg	3	Box		
MS-A-004	Aluminum Hydroxide	1	Box		
MS-A-001	Ambroxol HCL 75mg	1	Box		
MS-M-002	Mefenamic Acid 500mg	1	Box		
MS-L-002	Loperamide 2mg	1	Box		
MS-H-006	Hyoscine N-Butylbromide	1	Box		
MS-C-006	Cetirizine 10mg	2	Box		
MS-A-007	Amlodipine 5mg	1	Box		
MS-C-005	Captopril 25mg	1	Box		
MS-L-004	Losartan Potassium 50mg	1	Box		
MS-M-001	Methyl Salicylate, menthol patch 36mg/33mg/12mg/7.1mg	1	Box		
MS-P-011	Paracetamol 500mg + caffeine	1	Box		
MS-O-004	Omeprazole 40mg	1	Box		
MS-B-007	BP Apparatus with Sphygmomanometer (Manual)	1	Box		
MS-B-012	Blood Glucose Strip	2	Box		
MS-I-005	Ibuprofen Soft gel 200mg	2	Box		
MS-I-006	Ibuprofen + Paracetamol 200mg/325mg	2	Box		
MS-S-009	Sodium Alginate, Sodium bicarbonate, Sodium carbonate 500mg/257mg/160mg per ml sachet	1	Box		
MS-C-013	Carbocisteine 500mg	1	Box		
	-&&&&&&&&&&&&&&&&&&&&&&&-				
	TOTAL AMOUNT				P
	Please write total amount in words				

PURPOSE: For use in the DPWH Regional Office X Clinic.

Brand and Model: _____
Delivery Period: _____

Warranty: _____
Price Validity: _____

After having carefully read and accepted your General Conditions, I / We quote you in the item(s) at prices note above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.

BAC-Secretariat:
Tel. No. 853-2012

Printed Name/Signature/Date

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

