



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

Mandatory to fill in	
COMPANY NAME:	Quotation No. 20-234-10
ADDRESS:	Purchase Request No. F-2020-10-0146
CONTACT No.	Purpose: For Medical and Dental use
TIN No.	ABC: 220,050.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

INSTRUCTIONS TO SUPPLIERS:

1. Please quote your lowest price on the item/s listed below comprising the necessary taxes.

2. It is mandatory to indicate the brand and/or model of the items being offered and to attach a brochure thereof whenever applicable.

3. Indicate the warranty period in cases of equipment or whenever applicable.

4. Forthwith submit the accomplished quotation duly signed by your representative.

5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) DTI/SEC Registration; e) PhilGEPS Membership Certificate; and f) PCAB License in cases of Infrastructure projects.

6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	Multivitamins 100pcs/box	100 boxes			
2	Ascorbic Acid 500mg/tab 100pcs/box	100 boxes			
3	Aluminum Hydroxide Simeticone 178mg/233mg/30mg chewable tablet 100 pcs/box (top 3 brand)	5 boxes			
4	Benzylamine 3mg Lozenge 8 lozenges/sheet (top 3 brand)	50 sheets			
5	Betahistine diHCL 8mg/tab 100pcs/box (top 3 brand)	2 boxes			
6	Betamethasone Clortrimazole Gentamycin 500mcg/10mg/1mg/g 5mg ointment (top 3 brand)	15 tubes			
7	Budesonide 250mcg/ml (6 foils pouches/box)	1 box			
8	Cefalexin 500mg/cap 100pcs/box	20 boxes			
9	Cefuroxime axetil 500mg/tab 10pcs/box	20 boxes			
10	Cetirizine 10mg/tab 100pcs/box	30 boxes			
11	Clarithromycin 500mg /tab 30pcs/box	30 boxes			
12	Co-Amoxiclav 625mg/tab 14pcs/box	30 boxes			
13	Diphenhydramine 25mg/cap 100pcs/box	10 boxes			
14	Eperisone Hydrochloride 50mg/tab 100pcs/box (top 3 brand)	3 boxes			
15	Mefenamic Acid 500mg/cap 100pcs/box	20 boxes			
16	Metoclopramide 10mg/tab 100pcs/box	3 boxes			
17	Mometazone ointment, 0.1% 5gms	10 tubes			
18	Mupirocin ointment, 2% 5gms	15 tubes			
19	Paracetamol 500mg/tab 100pcs/box	40 boxes			
20	Phenylpromanalamine Hydrochloride+Chlorphenamine Maleate+Paracetamol 25mg/2mg/325mg/tab 100pcs/box (top 3 brand)	60 boxes			
21	Phenylpromanalamine Hydrochloride+Chlorphenamine Maleate+Paracetamol 25mg/2mg/500mg/tab 100pcs/box (top 3 brand)	10 boxes			
22	Tobramycin Dexamethasone Ophthalmic drops 5ml/bottle	20 bottles			
23	Salbutamol 1mg/ml Nebule 30pcs/box	15 boxes			
24	Silver Sulfadiazine cream 1% 20gms	10 tubes			
25	Sultamicillin tosylate 750mg/tab 50pcs/box	2 boxes			
26	LIDOCAINE HYDROCHLORIDE 20mg/ml (2%w/v) SOLUTION FOR INJECTION (IM/IV) LOCAL ANESTHETIC	10 boxes			
	NOTE: 1. By Lot 2. Expiration Date must be at least 2 years from the date of delivery 3. With License to operate by the FDA				

Accomplished by:

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

By the authority of the University President.

Assoc. Prof. JOSEPH ROY F. CELESTINO
BAC Chairman

Canvassed by:

Name and Signature

BulSU-OP-PU-03F3
Revision: 1