

Republic of the Philippines BULACAN STATE UNIVERSITY City of Malolos, Bulacan

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

Mandatory to fill in	
COMPANY NAME:	Quotation No. 23-01-001
CONTACT No.	Purchase Request No. F-2023-03-0058
Address:	Purpose: For Medical and Dental Use
TIN No.	ABC: 449,800.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase
EMAIL ADDRESS:	Order

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) PhilGEPS Membership Certificate and e) Omnibus Sworn Statement
- 6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

ITEM NO.		QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	Aluminum Hydroxide Simeticone 178mg/233mg/30mg chewable tablet 100 pcs/box	50 box			
2	Amoxicillin 500mg/ cap, 100 pcs/box	20 box			
3	Benzydamine 3mg Lozenge 8 lozenges/sheet	50 sheet			
4	Betahistine diHCL 8mg/tab 100pcs/box	10 box			
5	Betamethasone Clotrimazole Gentamicin 500mcg/10mg/1mg/5mg ointment	15 tube			
6	Budesonide 250mcg/ml (6 foils pouches/box)	3 box			
7	Captopril 25mg/tab 100pcs/box	10 box			
8	Carbocisteine 500mg/cap 100pcs/box	60 box			
9	Cefalexin 500mg/cap 100 pcs/box	50 box			
10	Cefuroxime axetil 500mg/tab 10pcs/box	30 box			
11	Celecoxib 200mg/cap 100pcs/box	30 box			
12	Cetirizine 10mg/tab 100pcs/box	60 box			
13	Ciprofloxacin 500mg/tab 100pcs/box	20 box			
14	Clindamycin 300mg/cap 100pcs/box	20 box			
15	Clonidine 75mg/tab 100pcs/box	10 box			
16	Cloxacillin 500mg/cap 100pcs/box	20 box			
17	Co-Amoxiclav 625mg 14 tabs/box	30 box			
18	Diphenhydramine 50mg/ml 10 ampule/box	2 box			
19	Diphenhydramine 25mg/cap 100 pcs/box	10 box			
20	Eperisone Hydrochloride 50mg/tab 100pcs/box	10 box			
21	Hyoscine-N-Butylbromide 10mg/tab 100pcs/box	60 box			
22	Hyoscine-N-Butylbromide 20mg/ml 10 Ampule/box	6 box			
23	Hydrocortisone Sodium Succinate 100mg vial 10 vials/box	1 box			
24	Loperamide 2mg, 100pcs/box	60 box			
25	Mefenamic Acid 500mg/cap 100pcs/box	70 box			
26	Metronidazole 500mg/tab 100pcs/box	6 box			
27	Mometasone ointment, 0.1% 5gms	25 tube			
28	Mupirocin ointment, 2% 5gms	25 tube			
29	Omeprazole 20mg/cap 100pcs/box	60 box			
30	Paracetamol 500mg/tab 100pcs/box	60 box			
31	Phenylpropanolamine Hydrochloride+Chlorphenamine Maleate+Paracetamol, 25mg/2mg/325mg/tab 100pcs/box	60 box			
32	Tobramycin Dexamethasone Opthalmic drops 5ml/bottle	25 bottle			
33	Ketorolac 30mg/ml, 10ampule/box	2 box			
	page 1 of 2				
	NOTE: Please attach brochure and indicate days of				
	delivery				
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51	Maleate+Paracetamol, 25mg/2mg/325mg/tab 100pcs/box	00 000			
32	Tobramycin Dexamethasone Opthalmic drops 5ml/bottle	25 bottle			
33	Ketorolac 30mg/ml, 10ampule/box	2 box			
	page 1 of 2				
	NOTE: Please attach brochure and indicate days of				
	delivery				
Accomplished by: Supplier's Representative			By the authority of the University President. DR. DOLLY P. MAROMA		
(Print name and Signature)			BAC Chairman		
Date Acco	omplished :		Canvassed by:		
			Name and Signature		
BulSU-Ol Revision:					
JAM 3-20-20	023				



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ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
34	Tranexamic 500mg/cap, 100 pcs/box	10 box			
35	Silver Sulfadiazine cream 1% 20gms	25 tube			
36	Salbutamol 1mg/ml Nebule 30pcs/box	20 box			
37	Salbutamol 2mg/tab, 100pcs/box	5 box			
38	Tramadol 50mg/cap, 100 pcs/box	3 box			
39	Metoclopramide 20mg/amp, 10 pcs/box	6 box			
40	Lidocaine Hydrochloride 2% 20mg/ml 50ml/bottle	10 bottle			
41	LIDOCAINE HCL EPINEPHRINE 20MG/10MCG/MI 1.8ML (PLASTIC CONTAINER) 50PCS/BOX	10 box			
42	D5LR 1L	5 bottle			
43	PNSS 1L	5 bottle			
44	Clarithromycin 500mg, 30 pcs/box	40 box			
	NOTE:				
	1. EXPIRATION DATE MUST BE AT LEAST 2 YEARS				
	FROM THE DATE OF DELIVERY				
	2. WITH LICENSE TO OPERATE ISSUED BY FDA				
	3. Must be delivered to BulSU				
-					
	page 2 of 2				
	BY LOT				
	NOTE: Please attach brochure and indicate days of				
	delivery				

Accomplished by:		
		By the authority of the University President.
	Supplier's Representative	DR. DOLLÝ P. MAROMA
	(Print name and Signature)	BAC Chairman
Date Accomplished :		Canvassed by:
		Name and Signature
BulSU-OP-PU-03F3		
Revision: 1		