



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 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) 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.	ITEM & SPECIFICATION	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	Phenylpropranolamine Hydrochloride+Chlorphenamine Maleate+Paracetamol, 25mg/2mg/325mg/tab 100pcs/box	60 box			
32	Tobramycin Dexamethasone Ophthalmic drops 5ml/bottle	25 bottle			
33	Ketorolac 30mg/ml, 10ampule/box	2 box			
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	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:

By the authority of the University President.

Supplier's Representative
(Print name and Signature)

[Signature]
DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature

