



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

**\*\*Mandatory to fill in\*\***

COMPANY NAME:	Quotation No. 23-03-084
CONTACT No.	Purchase Request No. F-2023-03-0059
Address:	Purpose: For Medical and Dental Use
TIN No.	ABC: 221,340.00
PhilGEPS Registration No.	Delivery Period: <b>7 Calendar</b> Days upon receipt of Purchase Order
EMAIL ADDRESS:	

**INSTRUCTIONS TO SUPPLIERS:**

- Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
- It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
- Indicate the **warranty period** in cases of equipment or whenever applicable.
- Forthwith submit the accomplished quotation **duly signed by your representative**.
- 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**
- All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	UNIT PRICE	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	MEDICATED PLASTER ( PAIN RELIEF PATCH) 10PCS/BOX (SALONPAS)	60 box	60.00			
2	Micropore Hypoallergenic (1 inc x 10 yd), 12 pcs/box	10 box	420.00			
3	Accu Chek Active Gluco Strips 50pcs/box	15 box	1,300.00			
4	Pressure or Single-use Activated Safety Lancets 28G x 1.8mm 100pcs/box	3 box	2,000.00			
5	Accu Chek Active lancets, 25 pcs/box	5 box	200.00			
6	Brand ADHESIVE BANDAGE (50PCS/BOX) waterproof	40 box	70.00			
7	ABSORBENT GAUZE ROLL BIG	5 roll	1,000.00			
8	COTTON BALLS 150PCS/PACK	100 pack	70.00			
9	BROWN BAG 50PCS/PACK 19.5cmX10.5cmX5.5cm	5 pack	70.00			
10	ELASTIC BANDAGE 2"	60 pc	25.00			
11	ELASTIC BANDAGE 4"	50 pc	40.00			
12	Perskindol Blue, Cool Spray Bottle 250ml	50 bottle	720.00			
13	Nitrile Clean Gloves (mint) (medium) (200pcs/box)	20 box	420.00			
	SPECIFICATIONS: -Non-white, POWDERLESS -Smart pull dispenser -Single use -Ambidextrous, Beaded cuff					
14	Nitrile Clean Gloves, (medium) (200pcs/box)	20 box	420.00			
	SPECIFICATIONS: -Non-white, POWDERLESS -Smart pull dispenser -Single use -Ambidextrous, Beaded cuff					
15	Arm sling (Large)	20 pc	60.00			
16	HOT WATER BAG, 500ml	15 pc	110.00			
17	SAM ( Structural Aluminum MALLEABLE SPLINT ROLL)	4 pc	250.00			
18	NASAL OXYGEN CANNULA (Adult)	20 pc	150.00			
19	NEBULIZER KIT TUBING (Adult)	20 pc	150.00			
20	Oral rinse, Chlorhexidine gluconate 0.12%, alcohol free, 380ml	25 bottle	400.00			
	page 1 of 2					
	<b>NOTE: Please attach brochure and indicate days of delivery</b>					

Accomplished by:

By the authority of the University President.

Supplier's Representative  
(Print name and Signature)

DR. DOLLY P. MAROMA  
BAC Chairman

Date Accomplished : \_\_\_\_\_

Canvassed by:

Name and Signature



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21	DENTAL BIB, disposable, 100 pcs/pack	5 pack	200.00			
22	DENTAL BIB clip	10 pc	50.00			
23	Interfolded Paper Towels (175 pulls)/ pack	50 pack	60.00			
24	Surgical cap, disposable, 100 pcs/pack	3 pack	150.00			
25	Covid 19 antigen swab test kit, FDA approved	200 pc	200.00			
26	70% Isopropyl Alcohol, 1 Gal	50 gal	450.00			
27	Disposable dental needle, Short 100 pcs/box	3 box	380.00			
28	AAA BATTERY 4PCS/PACK	30 pack	70.00			
29	AA BATTERY 4PCS/PACK	20 pack	60.00			
30	Tongue Depressor	5 box	150.00			
31	PAPER CUPS 6.5 oz 50pcs/ pack	20 pack	80.00			
32	Macroset Tubing, IV infusion	20 pc	20.00			
33	Triangular bandage, 40x40x56	10 pc	50.00			
34	POVIDONE IODINE 1 LITER	20 bottle	850.00			
35	HYDROGEN PEROXIDE 1 LITER	20 bottle	180.00			
	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					
	<i>page 2 of 2</i>					
	<b>BY ITEM</b>					
	<b>NOTE: Please attach brochure and indicate days of delivery</b>					

Accomplished by:

Supplier's Representative  
 (Print name and Signature)

Date Accomplished : \_\_\_\_\_

By the authority of the University President.

*[Signature]*  
 DR. DOLLY P. MAROMA  
 BAC Chairman

Canvassed by:

\_\_\_\_\_  
 Name and Signature