



**REQUEST FOR QUOTATION**

Solicitation No. **RSU-13-18**

Quotation No. \_\_\_\_\_

Date : JUNE 21, 2018

Company Name: \_\_\_\_\_

Address : \_\_\_\_\_

Sir/Madame:

Please quote your lowest price on the Item/s below, subject to the General Conditions and Eligibility Requirements for the Suppliers, stating the shortest time of the delivery and submit your quotation duly signed by your representative not later than **JUNE 25, 2018** at exactly 5:00 in the afternoon in the return envelope attached herewith.

**Project:** Procurement of Medical Supplies of the University Clinic

**ABC:** PhP124,940.00

**QTY:** 239

UNIT	ITEM DESCRIPTION	QTY	ESTIMATED UNIT COST	ESTIMATED COST
Box	Acetylceistine (Fluimucil) 600mg/tablet 10's	5		
Box	Ambroxol 30mg/tablet 100's	10		
Box	Amlodipine 5mg/tablet 100's	10		
Box	Amoxicillin 500 mg/capsule 100's	10		
Box	Ascorbic Acid 500mg/tablet 100's	10		
Box	Bioflu 10mg/2mg/500mg/tablet 100's	5		
Box	Biogesic 500mg/tablet 500's	5		
Tube	Burn Ointment 15g	10		
Box	Butamarate Citrate (sinecod forte) 50mg/tablet 100's	5		
Box	Captropil 25mg/tablet 100's	2		
Box	Carboceistine 500mg/capsule 100's	10		
Box	Catapres 75mg/tablet 50's	2		
Box	Cefalexin 500mg/capsule 100's	10		
Box	Celecoxib 200mg/capsule 100's	2		
Box	Cetirizine 10mg/tablet 100's	20		
Box	Cinnarizine 25mg/tablet 100's	5		
Box	Ciprofloxacin 500mg/tablet 100's	10		
Box	Clindamycin 500mg/tablet 100's	10		
Box	Cloxacillin 500mg/capsule 100's	10		
Box	Co-trimoxazole forte 800 mg/tablet 100's	10		
Box	Decolgen 500mg/tablet 100's	5		
Box	Diclofenac Sodium 50mg/capsule 100's	2		
Box	Diphenhydramine 50mg/capsule 100's	5		
Box	Dolfenal 500mg/capsule 100's	2		
Box	Gaviscon 500mg/267mg/160mg per 10ml Oral Suspension 24's	2		
Box	Hyoscine 10 mg/tablet 100's	14		
Box	Kremil-S 500mg/tablet 100's	15		
Box	Meclizine hcl (Bonamine) 25mg/tablet 200's	2		
Box	Metronidazole 500mg/tablet 100's	8		
Box	Nafarin-A 500mg/tablet 100's	5		
Box	Neozep forte 500mg/tablet 500's	5		
Box	Ponstan 500mg/tablet 100's	3		
Box	Roxithromycin 150mg/tablet	2		
Box	Supratol	4		
Box	Tetanus Antitoxin 1500 I.U/0.7ML Solution for injection 10's	4		
<b>TOTAL</b>		<b>QTY</b>	<b>239</b>	<b>ESTIMATED COST</b>



Yours,

**Prof. MARIO A. FETALVER, Jr., Ph. D.**  
BAC Chairperson

Canvassed by:

**LARRY I. FIRMALO**  
Procurement Officer

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**BIDS & AWARDS COMMITTEE (BAC)**  
**ROMBLON STATE UNIVERSITY**  
**Odiongan, Romblon**

Sir/Madame:

**Delivery Period** : \_\_\_\_\_  
**Warranty** : \_\_\_\_\_  
**Price Validity** : \_\_\_\_\_

After having carefully read accepted your General Conditions, I/We quote you on the item at prices noted above.

\_\_\_\_\_  
Printed Name / Signature

**Tel. No. /Cellphone No.** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### REQUEST FOR QUOTATION

**Terms & Conditions:**

1. All entries must be type/hand-written.
2. Delivery period within 15 calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity.
4. Price validity shall be for a period of three months.
5. PhilGEPS registration Certificate shall be attached upon submission of the quotation.
6. Bidder shall submit original brochures showing certifications of the production being offered.
7. Payment shall be made after the inspection.
8. Deliver items at Supply Office, Romblon State University, Odiongan, Romblon (042-567-5375)

**CHECKLIST OF ELIGIBILITY REQUIREMENTS FOR THE BIDDERS/SUPPLIERS:**

The Eligibility Envelope shall contain the following:

1. Mayor's/Business permit
2. PhilGEPS Registration Number

**Note: Submitted documents must be properly authenticated.**