



**REQUEST FOR QUOTATION**

**Solicitation No. RSU-75-19**

**Quotation No. 19-10-144**

**Date** : October 10, 2019

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

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

Sir/Madame:

Please quote your lowest price on the Item/s below, subject to the terms and 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 **October 14, 2019** at exactly 5:00 in the afternoon in the return envelope attached herewith.


**Project:** Procurement of Medical Supplies for the RSU Olympics and STRASUC use of the Clinic of Romblon State University

**ABC:** PhP112,350.00

**QTY:** 180

UNIT	ITEM DESCRIPTION	QTY	ESTIMATED UNIT COST	ESTIMATED COST
bottle	Alcohol Isoprophyl Alcohol 70% solution, 500 ml	20		
box	Band Aid (Strong Hold)	10		
gallon	Betadine	1		
box	Decolgen 500mg/tablet 100's	10		
box	Dolfenal 500mg/capsule 100's	5		
box	Gloves (M) Powdered Free 100's	20		
box	Hyoscine Butylbrumide 10mg/capsule (Buscopan) 120's	1		
box	Lidocaine Anesthesia 20mg/10mcg per ml (Solution for injection) 50's	5		
box	Loperamide 2 mg/ capsule 100's	10		
box	Mefenamic Acid 500mg/capsule 100's	20		
tube	Mupirocin Ointment 20mg/2% w/w)	10		
box	Neozep 500mg/tablet 500's	10		
tube	Nizoral Cream 20ml	3		
bottle	Omega Pain Killer 120 ml	20		
box	Ponstan 500mg/tablet 100's	5		
bottle	0.9 Sodium Chloride 500ml	3		
box	Symdex-D 25mg/ 2mg/ 325 mg /tablet 100's	20		
box	Tetanus Toxioid 0.5 ml/ampule 12's	3		
box	Tranexamic Acid 500 mg/ capsule	2		
box	1cc syringe 100's	2		
<b>TOTAL</b>		<b>QTY</b>	<b>180</b>	<b>ESTIMATED COST</b>

Yours,

  
**MARIO A. FETALVER JR., Ph. D.**  
 BAC Chairperson

Canvassed by:

**Larry I. Firmalo**  
 Procurement Officer



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

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

Sir;

After having carefully read the terms and conditions of RFQ, I/We quote on the item/s at the prices noted above.

Yours,

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

Delivery Period	:	_____
Warranty	:	_____
Price Validity	:	_____
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
3. Income/Business Tax Return
4. Omnibus Sworn Statement

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