



REQUEST FOR QUOTATION
Solicitation No. RSU-2020-018
Quotation No. 20-05-034

Date : May 12, 2020

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 **May 15, 2020** at exactly 5:00 in the afternoon in the return envelope attached herewith.

Project: Procurement of Medical Supplies of the University Clinic

ABC: PhP248,400.00

QTY: 1564

UNIT	ITEM DESCRIPTION	QTY	ESTIMATED UNIT COST	ESTIMATED COST
piece	Abbotat gauge 22	2		
bottle	Alcohol 70% solution	10		
bottle	Efficascent Oil 125 ml/bottle	10		
bottle	Omega Pain Killer 120ml	10		
box	Acetylceisteine (Fluimucil) 600mg/tablet 10's	6		
box	Ambroxol 30mg/tablet 100's	44		
box	Amlodipine 10mg/tablet 100's	10		
box	Amlodipine 5mg/tab 100's	10		
box	Amoxicillin 500mg/capsule 100's	20		
box	Ascorbic Acid 500mg/tablet 100's	55		
box	Bioflu 10mg/2mg/500mg per tablet 100's	15		
box	Butamarate Citrate (Sinecod Forte) 50mg/tablet 100's	8		
box	Camomed Captopril 25mg/tablet 100's	1		
box	Carbociesteine 500mg/capsule 100's	30		
box	Catapres 75mg/tablet 50's	1		
box	Cefalexin 500mg/capsule 100's	30		
box	Celecoxib 200mg/capsule 100's	2		
box	Ciprofloxacin 500mg/tablet 100's	5		
box	Clean Gloves (small)	8		
box	Clindamycin 300mg/capsule 100's	10		
box	Cloxacillin 500mg/tablet 100's	10		
box	Decolgen Forte 25mg/ 2mg/500mg /tablet 100's	20		
box	Diphenhydramine Hydrochloride 50mg/capsule 100's	10		
box	Face Mask	25		
box	Ferrous sulfate 100's	10		
box	Hyosine N- Butylbromide 10mg/tablet 100's	10		
box	Kremil-S 178mg/233mg/30 mg/tablet 100's	10		
box	Loperamide 2mg/capsule 100's	10		
box	Meclizine HCL (Bonamine) 25mg/tablet 240's	1		
box	Mefenamic Acid 500mg/capsule 100's	25		



box	Metoclopramide 10mg/tablet 100's	1		
box	Metoprolol 50mg/tablet 100's	2		
box	Metronidazole 500mg/tablet 100's	4		
box	Multivitamins + Iron 500mg/tab 100's	15		
box	N95 face mask 20's	5		
box	Neozep Forte 10mg/2mg/500mg/tablet 500's	10		
box	Neozep Forte 10mg/2mg/500mg/tablet 500's	5		
box	Omeprazole 20mg/tablet 100's	3		
box	Omeprazole 40mg/capsule 100's	3		
box	Ranitidine 150mg/tablet 100's	5		
box	Roxithromycin 150mg/tablet 100's	3		
box	Salbutamol (as Sulfate) 1mg/ml (.5mg/2.5ml) Respiratory Solution 30's	2		
box	Salbutamol + Guiafenesin 100mg/2mg/capsule 100's	20		
box	Salbutamol 2mg/tablet 100's	2		
box	Sambong 500mg/tablet 100's	3		
box	Serc 16mg/tablet 100's	2		
box	Symdex-D 25mg/ 2 mg/ 325 mg/ tablet 100's	45		
box	Tranexamic Acid 500mg/capsule 100's	1		
box	Vitamin B1, B6 and B12	10		
piece	Paper cups (medium size)	1,000		
roll	Dental Floss	5		
TOTAL		QTY 1564	ESTIMATED COST	

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
3. Income/Business Tax Return
4. Omnibus Sworn Statement

Note: Submitted documents must be properly authenticated.