



REQUEST FOR QUOTATION
Solicitation No. RSU-2020-045
Quotation No. 20-09-085

Date : September 17, 2020
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 **September 21, 2020** at exactly 5:00 in the afternoon in the return envelope attached herewith.

Project: Procurement of Medical Supplies for Medical & Dental use of RSU San Fernando

ABC: PhP95,625.00

QTY: 5563

| UNIT | ITEM DESCRIPTION | QTY | ESTIMATED UNIT COST | ESTIMATED COST |
|----------|--|------|---------------------|----------------|
| tablets | Allerta, 10 mg. | 50 | | |
| tablets | Ambroxol, 30mg. (100's/box) | 1000 | | |
| boxes | Amoxicillin , 500 mg. | 15 | | |
| tablets | Ascorbic Acid, 500 mg. | 200 | | |
| bottles | Betadine, 120 ml. | 2 | | |
| tablets | Buscopan, 10 mg. | 30 | | |
| tablet | Cinnarizine, 25 mg | 50 | | |
| caps. | Ciproclloxacin, 400mg | 200 | | |
| caps | Cloxacillin, 500 mg.(100's/box) | 500 | | |
| rolls | Cotton Balls (big pack) | 5 | | |
| pcs. | Dental Anesthesia | 100 | | |
| bottle | Elastic Bandage,2"x5yards | 20 | | |
| tablets | Ferrous Sulfate, 325mg (100's/box) | 100 | | |
| tablets | Fluimucil, 600 mgs. | 10 | | |
| Pcs. | Fucidin 2% 5g Cream | 3 | | |
| tablets | Lagundi, Vitex Negundo, 300mg | 300 | | |
| capsules | Lidocaine HCl 2% | 4 | | |
| caps. | Loperamide | 50 | | |
| caps. | Medicol Advance, Ibuprofen, 400mg. | 200 | | |
| pieces | Mediplas Sterile plaster | 100 | | |
| caps. | Mefinamic Acid, Analmin, 500 mg. | 10 | | |
| tablets | Mefinamic Acid, Dolfenal 500 mg. | 50 | | |
| tablets | Multi-Vitamins B-Complex (100's/box) | 200 | | |
| tablets | Neozep Tablet (100's/box) | 700 | | |
| pack | Oresol | 40 | | |
| tablets | Paracetamol, Biogesic, 500 mg. (500's/box) | 1000 | | |
| tube | Silver Sulfadiazine, 10 mg./5g/cream | 2 | | |
| tablets | Symdex 325mg/25mg/2mg (100's/box) | 500 | | |
| bottle | Vicks Vaporub | 2 | | |
| pack | Cotton balls (big pack) | 5 | | |
| pcs. | Infrared Thermal Scanner (Temperature Screening Device) | 2 | | |



BIDS AND AWARDS COMMITTEE

| | | | | |
|--------------|---------------------------------------|-----------------|-----------------------|------------------|
| pc. | Blood Pressure Monitor (Aneroid) | 1 | | |
| pcs. | Weighing /Bathroom Scale | 2 | | |
| box | Disposable/Surgical Mask (50 pcs/box) | 10 | | |
| pack | Face Shield | 100 | | |
| TOTAL | | QTY 5563 | Estimated Cost | 95,625.00 |

Yours,



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

Canvassed by:

Larry I. Firmalo
 Procurement Officer

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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.