



Republic of the Philippines
ROMBLON STATE UNIVERSITY
 Odiongan, Romblon
 Tel No. (042) 567-5273
 Email: romblonstateu@gmail.com
 URL: rsu.edu.ph

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION
Solicitation No. RSU-2021-02-029
Quotation No. 21-03-043

Date : March 8, 2021
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 **March 11, 2021** at exactly 5:00 in the afternoon in the return envelope attached herewith.

Project: Procurement of Medical & Dental Supplies for Health Services Unit

ABC: PhP405,530.00

QTY: 1486

| UNIT | ITEM DESCRIPTION | QTY | ESTIMATED UNIT COST | ESTIMATED COST |
|--------------|---|------------|---------------------|-----------------------|
| box | Acetylceisteine (Fluimucil) 600mg/tablet 10's | 5 | | |
| box | Amlodipine 5mg/tablet 100's | 10 | | |
| box | Amlodipine 10mg/tablet 100's | 10 | | |
| box | Ascorbic Acid (Poten-Cee) 500mg 20's | 25 | | |
| box | Ascorbic Acid 500mg/tablet 100's | 50 | | |
| box | ATS Immunoglobulin 1500iu/vial (10 Ampules/box) | 2 | | |
| box | Biogestic 500mg/tablet 500's | 20 | | |
| box | Butamarate Citrate (Sinecod Forte) 50mg/tablet 100's | 5 | | |
| box | Catapres 75mg/tablet 50's | 1 | | |
| box | Diphenhydramine Hydrochloride 50mg/capsule 100's | 20 | | |
| box | Diphenhydramine Hydrochloride 50mg/ml Solution for Injection 10's | 1 | | |
| box | Face mask 3 Ply | 50 | | |
| box | Hyoscine N-Butylbromide 10mg/tablet 100's | 20 | | |
| box | Hyoscine N-Butylbromide 10mg/tablet (Buscopan) 120's | 1 | | |
| box | Kremil-S 178mg/233mg/30mg/tablet 100's | 5 | | |
| box | Loperamide 2mg/capsule 100's (Lomotil) | 10 | | |
| box | Metoprolol 50mg/tablet 100's | 3 | | |
| box | Multivitamins + Iron 500mg/tablet 100's (Stresstabs) | 10 | | |
| box | Tranexmic Acid 500mg/capsule 100's | 2 | | |
| box | Vitamin B1, B6, B12 | 10 | | |
| box | 1 cc Syringe (Terumo) 100's | 5 | | |
| box | 3 cc Syringe (Terumo) 100's | 6 | | |
| box | 5 cc Syringe (Terumo) 100's | 6 | | |
| box | 10 cc Syringe 100's | 5 | | |
| box | Titanus Toxoid 0.5ml/Ampule | 4 | | |
| gallon | Alcohol (70%) | 100 | | |
| piece | Paper Cups (Small) | 1000 | | |
| piece | Automatic Alcohol Dispenser Foam Dispenser Foaming Soap Induction Liquid Induction Liquid Hand Sanitizer, Touchless, Infrared | 25 | | |
| roll | Dental Floss | 10 | | |
| set | 2 in 1 Non-Contact Infrared Thermal Scanner Thermometer, Multifunction Wall Mounted Thermometer | 25 | | |
| set | Baxtel Aneroid Sphygmomanometer (Heavy Duty and Good Quality) | 25 | | |
| unit | UNI-T Infrared Thermometer UT300R | 15 | | |
| TOTAL | | QTY | 1486 | ESTIMATED COST |

Yours

BILSHAN F. SERVAÑEZ, Ph. D.
 BAC Chairperson

Canvassed by:

Larry I. Firmalo
 Procurement Officer

 Supplier's Printed Name/Signature

"Serving with Honor and Excellence!"



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BIDS AND AWARDS COMMITTEE

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

Note: Submitted documents must be properly authenticated.