Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
UPPER KALINGA DISTRICT ENGINEERING OFFICE
Bulanao, Tabuk City, Kalinga

BAGONG PILIPINAS

Name of Procuring Entity	:	Request for Quotation (P.R. No.):	**2024-12-174**
Revised on :		Date:	**December 18, 2024**
Standard Form/Title	: **REQUEST FOR QUOTATION**	Office/End-User:	**Bids and Awards Committee**
COMPANY NAME	:		
ADDRESS	:		
TEL. NO./FAX No.	:	**TIN :**	

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than **10:00 A.M.** of **December 26, 2024** in the return envelope attached herewith, to the BAC Secretariat for Goods, DPWH-UKDEO, Bulanao, Tabuk City, Kalinga. **NOTE: *Electronic Submission of Quotation is not applicable.***

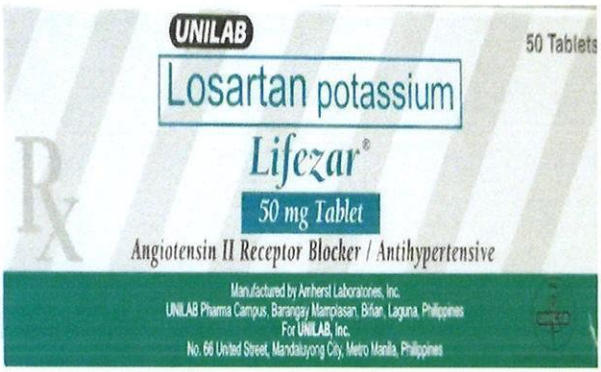
TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 10 days upon receipt of the approved unded Purchase Order (P.O). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
*5. **Mayor's Permit, PhilGEPS Registration Certificate, Omnibus Sworn Statement, & Income Tax Return** shall be attached upon submission of the quotation.*
6. Bidders shall submit original brochures of the product.
7. Please indicate the brand for each items being offered.
*8. The approved budget ceiling for this procurement is **PhP738,500.00***
*9. **All bidders shall submit brochures or specific brand with specifications with their bid for every items. Avoid unbalance bid on costing.***

JULIUS C. GARCIA
BAC Chairperson

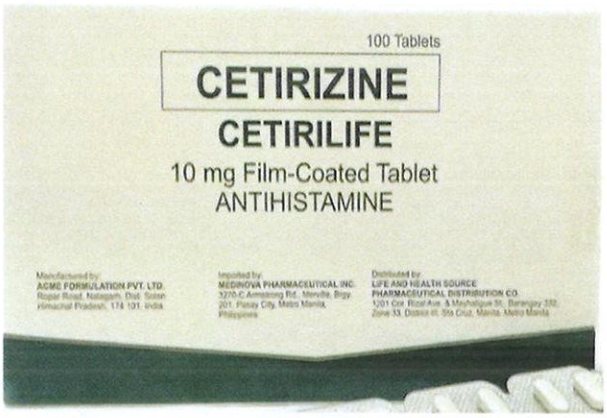
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
Medical Supplies					
	box	Losartan 50 mg, 50 tab/box	20		
	box	Clonidine 75 mg, 100 tab/box	5		
	box	Citirizine 10 mg, 100 tab/box	10		
	box	Amlodipine 5 mg, 100 tab/box	10		
	box	Amlodipine 10 mg,100 tab/box	10		
	box	Symdex-D Forte 500 mg, 100 tab/box	15		
	box	Neozep forte (Non drowsy) 500 mg, 100 tab/box	15		
	box	Paracetamol (Biogesic) 500 mg, 500 tab/box	2		
	box	Ibuprofen 200 mg, 100 softgel capsule/box	5		
	box	Mucotoss forte	10		
	box	Loperamide (Diatabs) 2 mg, 100 cap/box	5		
	box	Co- Amoxiclav 625 mg, 15 tablet/box	20		
	box	Multivitamins and Minerals(REVICON FORTE)	300		
	box	Vitamin BI B6 B12 100 mg/5 mg/50 mg, 100 tab/box	20		
	box	Hyoscine n- Butylbromide (Hyospan) 10 mg, 120 tab/box	2		
	box	Bioflu 500 mg, 100/box	15		
	box	Salbutamol nebule 2.5 mg/ 2.5 ml, 30 nebules	10		
	box	Montelukast Sodium+ Levocitirizine Dihydrochloride 10 mg/5 mg, 30 tab/box	5		
	box	Mupirocin (topical antibiotic)	2		
	box	Benzocaine (burn ointment)	2		
	box	Blood Glucose test Strip 25pcs/vial 50 pcs/ box (SINOCARE)	20		
	box	Alcohol 500 ml	20		
	box	Cotton balls, 300 balls/pack	10		
	box	Band aid	5		
	box	Betadine 60 ml	10		
	box	Hydrogen Peroxide 60 ml	10		
	box	Caladryl Lotion (anti fungal)	5		
	box	3M Surgical Tape(micropore) 1", 12 pcs/box	1		
	box	3 ml Syringe, 100 pcs	1		
	box	5 ml Syringe, 100 pcs	1		
	roll	Elastic bandage, 2x5 inch	5		
	roll	Elastic bandage, 3x5 inch	5		
	roll	Elastic bandage, 4x5 inch	5		
	roll	Elastic bandage, 5x5 inch	5		
		*xxxxxx **nothingfollows** xxxxxxxx*			

Purpose: Medical Supplies for DPWH-UKDEO.	
TOTAL AMOUNT IN WORDS & FIGURES:	
Name and Signature of Supplier: _____ **Address:** _____ **Telephone/Mobile Number:**	
_____ Tel. No. Telefax: _____ c/o UKDEO email: dpwhukdeo.bac2016@yahoo.com	

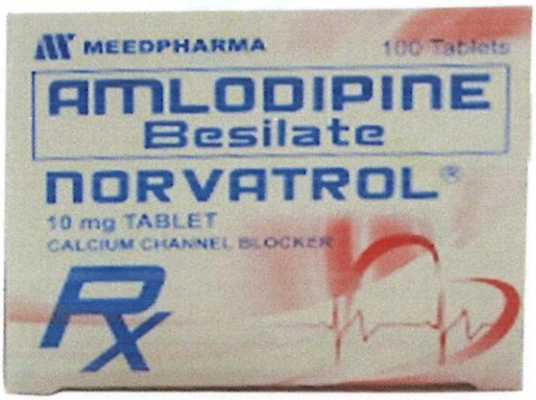


LOSARTAN 50 MG (LIFEZAR)

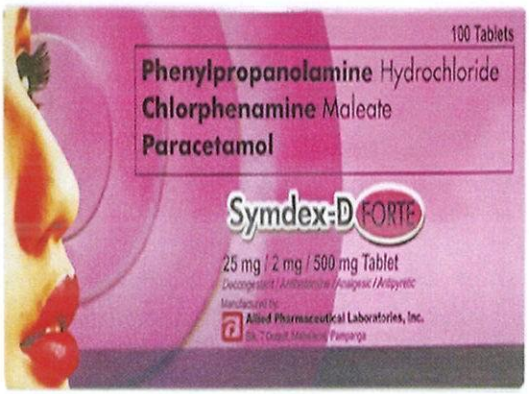
CLONIDINE 75 mcg



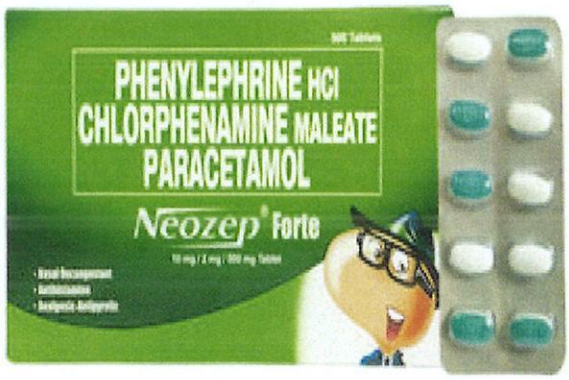
CITIRIZINE



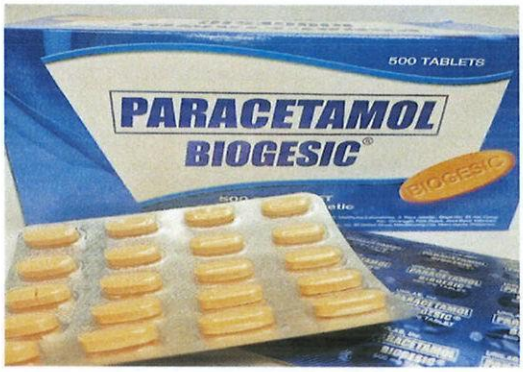
AMLODIPINE



SYMDEX-D FORTE



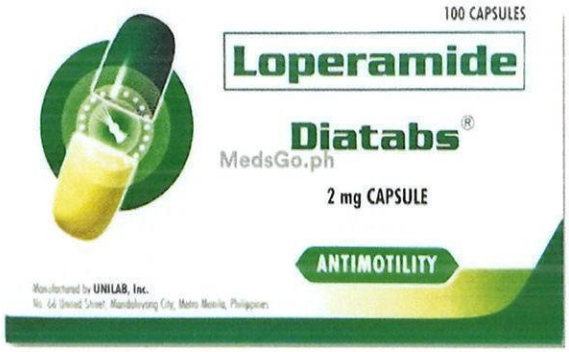
NEOZEP FORTE



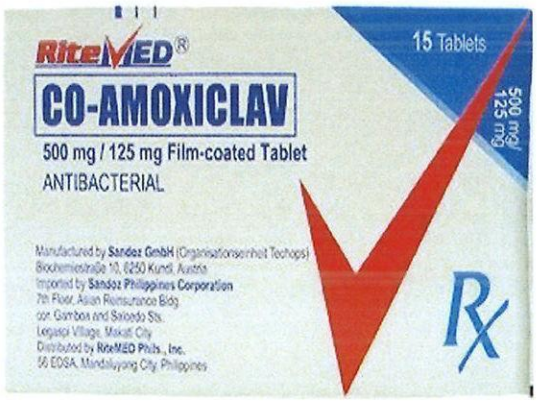
PARACETAMOL

IBUPROFEN

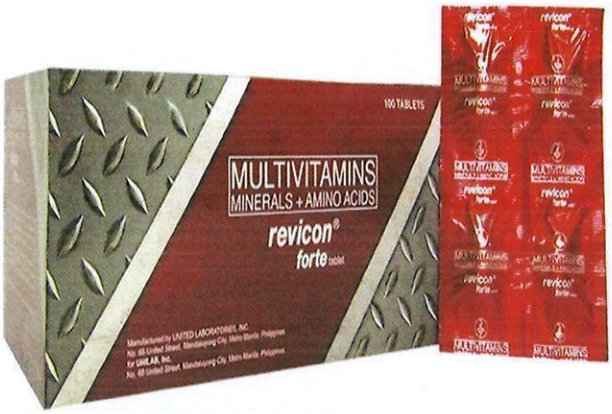
MUCOTUSS FORTE



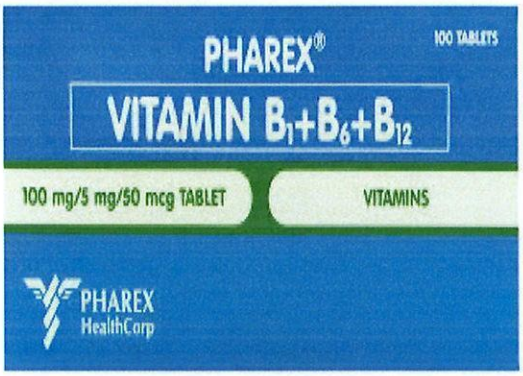
LOPERAMIDE



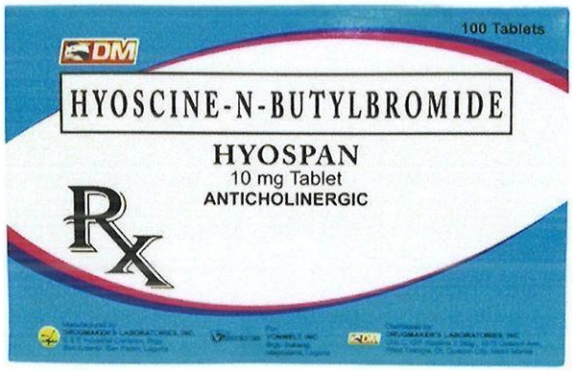
CO-AMOXICLAV



REVICON FORTE

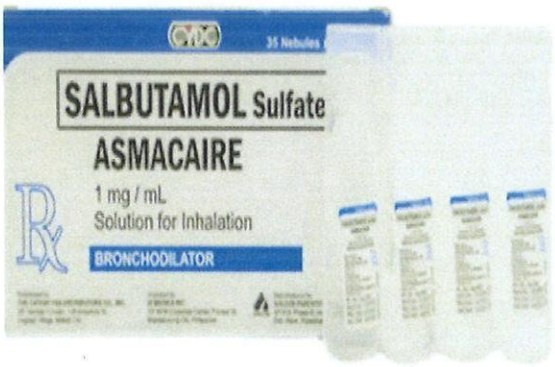


VITAMIN B1 B6 B12

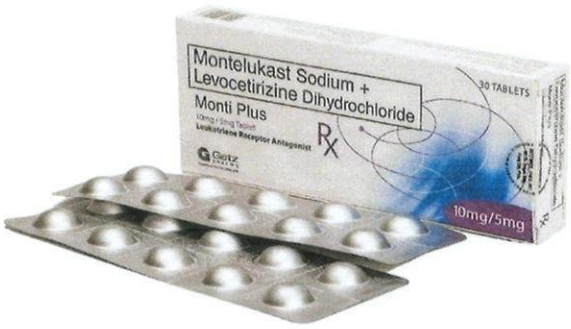


HYOSPAN

BIOFLU

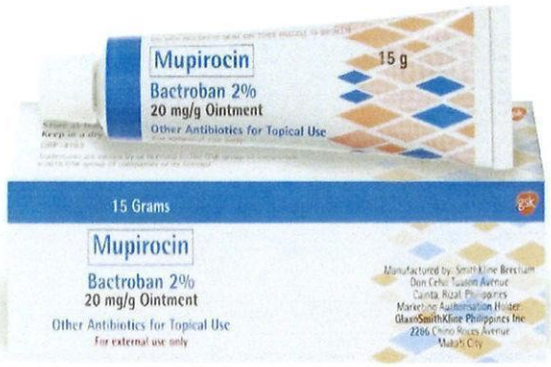


SALBUTAMOL



MONTELUKAST SODIUM+

LEVOCETIRIZINE DIHYDROCHLORIDE



MUPIROCIN

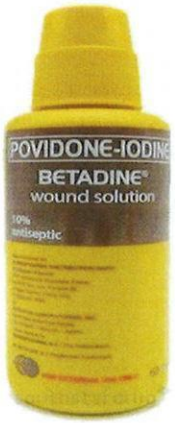
BENZOCAINE

SINOCARE BLOOD GLUCOSE TEST STRIP

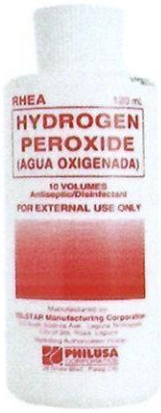
ALCOHOL

COTTON BALLS (300 balls/pack)

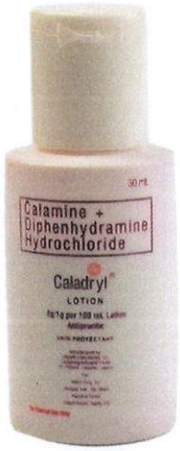
BAND AID



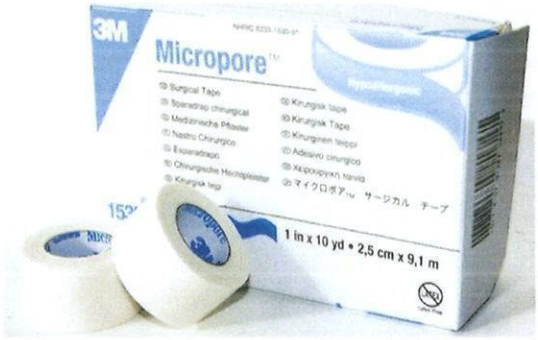
BETADINE 60 ML



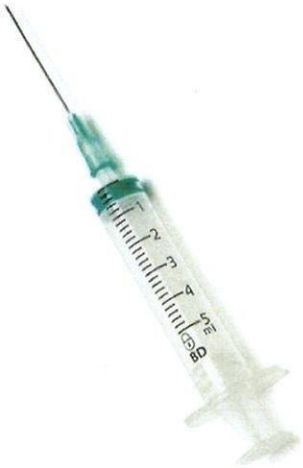
HYDROGEN PEROXIDE



CALADRYL LOTION 30 ML



3M SURGICAL TAPE (MICROPORE) 1”



SYRINGE 5 ML

SYRINGE 3 ML

2x5 in | 3x5 in | 4x5 in | 5x5 in

ELASTIC BANDAGE