

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS LAGUNA 2ND DISTRICT ENGINEERING OFFICE Los Baños, Laguna, Region IV-A



Name of Procuring Entity: DPWH-LAGUNA 2ND DEO Request for Quotation (PR No. ): 2024-04-028											
Revised on:				Date: April 15, 2024							
Standard Form/Title:		REQUEST FOR QUOTATIO	ON	Office/End-user:		tive Section					
COMPANY NAME :		REQUESTION QUOTAIN		Once/Lnu-user.							
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 yo										
quotation duly signed by your representative not later than 9:00 A.M. of April 19, 2024 in the return envelope attached											
herewith.											
	RMS AND CONDITIONS:										
1	All entries must be typewritten or legibly written.										
2	Delivery period within <b>Forty (40)</b> calendar days upon receipt of the approved funded Purchase Order (P.O.) dministrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall imposed for non-delivery without valid reason.										
3	materials; one (	e for a minimum of three (3) months for suppl 1) year for Equipment; three (3) years IT Equip nee by the end-user.		Act							
4	Price validity sha	all be for a period of sixty (60) calendar days.		DWI	GHT JOAN B	ASTON					
5	PhilGEPS Registration Certificate/Mayor's Permit/Tax       BAC Chairperson         Clearance/DTI/SEC shall be attached upon submission of the quotation.       BAC Chairperson										
6	Bidders shall submit original brochures of the product.										
7	Indicate the brand for each items being offered.										
8	RFQ can be submitted in person or thru registered mails, facsimile or authorized email.										
9	The approved budget ceiling for this procurement is <u>P 201,475.00</u>										
ITEM		DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE					
NO.			-	_							
1415 1416		th size XL arm cuffs (analog) with stand	7	pc Unit							
1410	Digitial thermal s Stethoscope		1	pc							
1417	Digital weighing scale		7	pc pc							
1410	Medical tape me		10	pc							
1420	Glucometer		7	Unit							
1421	Minor Surgery Se	et	1	set							
1422	UV Sterilizer Machine		1	Unit							
1423	Surgical Basin		7	рс							
1424	Sterile Surgical C	Gloves (size 6.5) 100 pcs/box	5	box							
1425	Latex examiner's	gloves (Medium) 50 pairs per box	5	box							
1426	Sterillium (1 liter		5	ltr							
1427		ask (KN95) 50pcs	6	box							
0739	Cotton (400 grar		10	roll							
1430		4-0 Silk Non absorbable	10	рс							
1431	Surgical Sutures		10	рс							
1432		Antiseptic (120 ml)	10	bottle							
0741	Hydrogen Peroxi		10	bottle							
0737		1 4x4 100 per box	10	box							
1428		rgical Tape 1 inch (12 pcs/Box)	10	box							
1433		Strips 100pcs /box	10	box							
0734 1434	Paracetamol 500	<u>,</u>	200	tablet							
0735	Loperamide Hyd	hloride 75 mc grams	200 100	tablet tablet							
1435	Antihistamines 1		200	tablet							
1435	Diphenhydramin		200	tablet							
1430	10 CC Syringe	y	100	pc							
1437	1 CC Syringe		100	pc							
1439	IV infusion set A	Adults Macroset	100	pc							
1440	Sodium Chloride		50	bottle							
1441	Sterile Water (1		7	ltr							
1442	Medical PPE (lar		14	рс							



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Revised on:				Date:	April 15, 2024				
Standard Form/Title:		<b>REQUEST FOR QUOTATION</b>		Office/End-user:	Administr	ative Section			
COMPANY	NAME :			•					
ADDRESS :									
TEL. NO./FAX NO. :			TIN:						
Please	quote your low	est price on the item(s) listed below, subje	ct to the T	erms and Conditi	ons stated below	and submit your			
quotation	duly signed by	your representative not later than 9:00 A.	M. of Apri	I 19, 2024 in th	e return envelope	e attached			
herewith.	, , , ,	•	•	,					
	Hospital Bed wit	h I.V POLE, Leatherete Mattress and Bed table							
1443	(COMPLETE SET)		1	рс					
1444	Pulse Oximeter		7	Unit					
1446	Elastic Bandage 6x6		10	рс					
1447	Index Card 1/2		100	pc					
1917	Foldable Wheelchair		1	pc					
1983	Ice bag		5	рс					
	AMOUNT IN WORDS:				Total Amount				
Purpose:	Furnishing and delivery of various Medical Supplies (First aid) to be used at DPWH Laguna 2ND, District Engineering Office, Brgy. Bambang , Los Baños, Laguna								
Delivery Pe	riod:			Warranty:					
				Price Validity:					
After having	and	accepted your General Conditions, I/ We quote you o d Price Validity are left blank, it means that I concur v				elivery Period, Warranty			
	Tel No & Telefa>	« No. : (049) 310-9466		Printed Name/ Signature/ Date					
				Tel. No./ Cellphone No./ E-mail Address					
			() () ()	Website: www.d Tel. No(s).: (04	19) 310 9466	ISO 9001			