



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
MOUNTAIN PROVINCE 1st DISTRICT ENGINEERING OFFICE
Bontoc, Mountain Province



Name of Procuring Entity: **DPWH-MP1stDEO** Request for Quotation Number: **2025-07-005**
(P.R. No. 2025-07-134)

Revised on : RFQ Date: **July 21, 2025**

Standard Form/Title : **REQUEST FOR QUOTATION** Office/ End-User: **DPWH-MP1stDEO**

COMPANY NAME :

ADDRESS :

TEL.NO./FAX NO. :

TIN No.:

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 JULY 29, 2025**

in the return envelope attached herewith, to the BAC Secretariat for Goods, Procurement Staff/BAC Office, Mt. Province District Engineering Office, Bontoc, Mountain Province.

TERMS AND CONDITIONS:

- All entries must be typewritten or legibly written.
- Delivery period within **TEN (10) Working days** upon receipt of the approved funded 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.
- Warranty shall be for a minimum of three (3) months for supplies & materials, one year for Equipments; 3 years IT Equipment from date of acceptance by the end-user.
- Price validity shall be for a period of sixty (60) calendar days.
- G-EPS Registration Certificate, Mayors Permit/DTI** shall be attached upon submission of the quotation.
- Bidders shall submit original brochures of the product.
- Please indicate the brand for each items being offered.
- The approved budget ceiling for this procurement is **PHP 107,750.00**

JANET A. VALENCERINA
Chief, Administrative Section
BAC Chairperson

FYJ

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ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	P.R. No. 2025-07-134 - Purchase of Medical Supplies For use of DPWH-Mountain Province 1st District Engineering Office				
1	First Aide Kit (handheld) with complete content	13	bag		
2	Manual Medical Bed (Standard Size) with mattress	1	Unit		
3	Bioflu, 500mg, 100cap./box	5	box		
4	Cetirizine dihydrochloride 100tab./bx	5	box		
5	Clonidine, 75mcg, 100tab/box	2	box		
6	Mefenamic Acid 500mg ,100tab/bx	5	box		
7	Ibuprofen, 500mg, 100cap./bx (Gel)	5	bx		
8	Neozep, Non-drowsy, 500mg, 100tab/bx	5	box		
9	Paracetamol, Biogesic 500mg	5	box		
10	BandAide	5	box		
11	Face Mask (Grey), 50 pcs/box	5	box		
12	BP Apparatus (Manual) w/ stethoscope	2	unit		
13	Glucometer set w/ extra 100 strips Lancet	1	set		
14	Hot Water Bag	3	pc		
15	Pulse oxymeter	1	unit		
16	Weighing Scale	1	unit		

PURPOSE: **For use of DPWH-Mountain Province 1st District Engineering Office**

Brand and Model: _____

Warranty: _____

Delivery Period: _____

Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote on the item(s) at prices noted above. If the space for Delivery Period, warranty and Price Validity are left blank, it means that I concur with the terms and Conditions Specified by DPWH.

Printed Name/Signature/Date

TEL. NO. (074)604-0221

c/o BAC Secretariat-Goods

email: bac_mpdeo@yahoo.com

Tel. No. / Cellphone No./E-mail Address