



## Request for Quotation (RFQ)

Procurement Title:

### PROCUREMENT OF VARIOUS MEDICINES TO BE USED FOR VARIOUS SCHOOL SPORTS EVENTS

PR No. : **2024-03979-055**

Solicitation No. : **106-2N-24**

PR Date : **15 April, 2024**

Philgeps Reference No. : **10775173**

Approved Budget for the Contract: **₱99,949.68**

Please quote your lowest price on the item/s listed described below or in the attached Purchase Request (PR) subject to the General Terms and Conditions Stated herein, submit filled out quotation duly signed by you or your duly authorized representative not later than April 23, 2024, 1:00 PM at the Bids and Awards Committee Office, 2nd Floor, City Hall Complex, A.B. Fernandez Ave., Dagupan City 2400 Pangasinan.

**ATTY. AURORA E. VALLE**

**BAC Chairman**

#### GENERAL TERMS AND CONDITIONS:

- Warranty shall be for a minimum period of three (3) months for expendable components, one (1) year for non-expendable components, from date of acceptance by the City Government of Dagupan.
- Price validity shall be for a period of thirty (30) calendar days counted from date of quotation.
- Price quotation shall be inclusive of all costs and applicable taxes.
- Delivery period upon receipt of Purchase Order (P.O.)
- Amount of bid docs to be paid ₱500.00.
- PhilGEPS REGISTRATION/ CERTIFICATE, MAYOR'S/ BUSINESS PERMIT, TAX REGISTRATION, SEC or DTI. Shall be attached upon submission of quotation.
- Latest income/business tax return shall be attached upon submission of quotation if ABC is above Php 500,000.00
- A notarized omnibus sworn statement (GPPB-prescribed format) shall be attached upon submission of quotation if ABC is above Php50,000.00
- Bidders shall submit original brochures showing certifications of the product being offered. (if applicable)
- ANY ALTERATIONS AND/OR ERASURES SHALL BE COUNTER-SIGNED BY THE BIDDER OR HIS/HER DULY AUTHORIZED REPRESENTATIVE. BIDS WITH ALTERATIONS AND/OR ERASURES THAT ARE NOT COUNTER-SIGNED SHALL BE REJECTED.**

COMPANY NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHILGEPS REGISTRATION No. : \_\_\_\_\_

Valid Until: \_\_\_\_\_

QTY	UNIT	ITEM DESCRIPTION	UNIT COST	APPROVED BUDGET FOR THE CONTRACT	QUOTATION/ OFFER AMOUNT	
					UNIT PRICE	TOTAL AMOUNT
20	boxes	Amlodipine, 5mg, 100s/box				
20	boxes	Amlodipine, 10mg, 100s/box				
20	boxes	Losartan, 50mg, 100s/box				
3	boxes	Clonidine, 75mcg				
1	box	Clonidine, 150mcg				
4	boxes	Paracetamol, 500mg, 100s/box				
2	boxes	Aluminum Hydroxide, Magnesium Hydroxide Semiticone				
50	boxes	Vitamin B Complex				
1	box	Hyoscine N Butylbromide				
3	boxes	Cetirizine 10mg				
20	boxes	Azithromycin, 500mg, 30s/box				
4	boxes	Pantoprazole, 40mg, 100s/box				
5	boxes	Ibuprofen + Paracetamol				
5	boxes	Cefalexin, 500mg, 100s/box				
2	boxes	Cloxacillin, 500mg, 100s/box				
3	boxes	Oral Rehydration Salts, 25sachets/box				
3	boxes	Ferrous Sulate				
3	boxes	Cotrimoxazole, 400mg/80mg, 100s/box				
4	boxes	Mefenamic Acid, 500mg				
2	box	Mefenamic Acid, 250mg				
1	box	Tranexamic Acid, 500mg				
1	box	Tranexamic Acid, 250mg				

QTY	UNIT	ITEM DESCRIPTION	UNIT COST	APPROVED BUDGET FOR THE CONTRACT	QUOTATION/ OFFER AMOUNT	
					UNIT PRICE	TOTAL AMOUNT
2	box	Loperamide, 2mg, 100s/box				
5	tubes	Ketoconazole Cream				
2	boxes	Gauze Pad, 4x4, 100s/box				
2	boxes	Gauze Pad, 2x2, 100s/box				
6	bottles	Povidine Iodine, 60ml/bottle				
20	bottles	Alcohol, 500ml, Isopropyl, 70% Solution				
5	pcs	Elastic Bandage, 2x5				
5	pcs	Elastic Bandage, 4x5				
5	pcs	Elastic Bandage, 6x5				
8	bottles	Methyl Salicylate Camphor + Menthol, 120ml/bottle				
5	boxes	Medicated Patch, 40patches/box				
2	boxes	Medical Adhesive Tape, 1", 24s/box				
3	pack	Cotton Balls, 300s/pack				
3	boxes	Dexamethasone Polymyxin Neomycin, Ophthalmic Drops				
10	tubes	Mupirocin Ointment				
5	cans	Cold Spray Pain Killer				
2	boxes	Gloves Large				
1	box	Gloves Medium				
4	boxes	Medical Adhesive Bandage, 50strips/box				
8	bottles	Aceite De Manzanilla, 100ml/bottle				
2	boxes	Amoxicillin, 250mg, 100s/box				
4	boxes	Amoxicillin, 500mg, 100s/box				
1	box	Phenylephrine HCl Chlorphenamine Maleate Paracetamol, 10mg/2mg/500mg tablet, 100s/box				
					<b>₱99,949.68</b>	

After having carefully read and accepted your General Terms and Conditions, I/ WE quote you on the item at prices noted above.

Signature over printed name \_\_\_\_\_

(Owner/ Authorized Representative) \_\_\_\_\_

Telephone/ Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: ADDITIONAL INSTRUCTION**

1. Please submit quotation and required documents in a SEALED envelope.
2. RFQ/s may be submitted personally at the BAC Office, 2nd Floor, City Hall Complex, A.B. Fernandez Avenue, Dagupan City during office hours 8:00 A.M. to 5:00 P.M. Bidder shall present its proof of payment for the Bid Docs Fees. Payment shall be paid at the One Stop Shop Business Center (OSBC).
3. RFQ's may be submitted through mail/courier services and shall be addressed to the BAC Chairman with Office Address: BAC Office, 2nd Floor, City Hall Complex, A.B. Fernandez Avenue, Dagupan City. Bidder shall attach a Postal Money Order and/ or Managers Check for the Bid Docs Fees with a Payee: CITY TREASURE'S OFFICE DAGUPAN CITY. Bidders shall also attach a self-addressed stamped envelope for the RFQ's received by the BAC after the deadline will be return through that aforementioned self-addressed stamp envelope.
4. **RFQ's THAT ARE DELIVERD BY MAIL/ COURIER SERVICE AFTER THE DEADLINE SHALL NOT BE OPENED AND SHALL BE IMMEDIATELY RETURNED. THE BAC SHALL NOT BE RESPONSIBLE FOR ANY DELAY IN THE DELIVERY OF RFQ's VIA MAIL/ COURIER SERVICES.**