



Request for Quotation (RFQ)

Procurement Title: **PROCUREMENT OF VARIOUS MEDICAL, DENTAL AND LABORATORY SUPPLIES FOR CITY POPULATION OFFICE USE**
 PR No. : **2025-04968-025** Solicitation No. : **271-8N-25**
 PR Date : **14 May, 2025** Philgeps Reference No. : **12057398**
 Approved Budget for the Contract: **PHP 220,530.80**

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 May 26, 2025, 1:00 PM at the Bids and Awards Committee Office, 2nd Floor, City Hall Complex, A.B. Fernandez Ave., Dagupan City 2400 Pangasinan.

(original signed)

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 Php 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
10	bottles	Alcohol, 70% Solution, Isopropyl, 500ml/bottle				
4	bottles	Alcohol, 70% Solution, Isopropyl, 1gallon/bottle				
1000	boxes	Condom, 3s/box				
5	packs	Cotton Balls, 300s				
5	vials	Medroxyprogesterone Acetate 50mg/3ml per vial				
1	box	Disposable Gloves, Medium, 50pairs/box				
5	boxes	Disposable Syringe, 3cc, 100s/box				
10	packs	Gauze/Bandage, 4x4, 5s/pack				
1	box	Lidocaine Anesthesia, 2% 50s/box				
5	pcs	Micropore Tape, 1/2"				
1150	boxes	Ethinyl Estradiol Levonorgestrel 30mcg/125mcg				
100	boxes	Lynestrenol 500mg/pill				
5	bottles	Povidone Iodine 25ml				
1	box	Pregnancy Test Kit, 50s/box				
15	boxes	Progestine Subdermal Implant (PSI)				
				220,530.80		

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 : _____