



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

REQUEST FOR QUOTATION (RFQ)

<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Name of Company</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Complete Company Address</div>	<div style="margin-bottom: 5px;">Date: _____</div> <div style="margin-bottom: 5px;">RFQ No.: <u>22-07-105</u></div> <div style="margin-bottom: 5px;">PR No.: <u>2022-07-0195</u></div> <div style="margin-bottom: 5px;">ABC: <u>P 75,490.00</u></div> <div style="margin-bottom: 5px;">PHILGEPS Ref. No.: <u>8882192</u></div>
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To Whom It May Concern:

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than August 2, 2022 at 3:00 pm to the address listed above.

GENERAL CONDITIONS

1. All entries must be typewritten and legible;
2. Bidders must submit certificate of PHILGEPS Registration; or
3. Bidders must submit necessary business permits (SEC, LGU, DTL, CDA, etc.);
4. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:

Your Company Name

RFQ No.:

PR No.:

PHILGEPS Reference No.:

5. Delivery period must be at least within seven (7) calendar days upon receipt of the Notice of Award (indicated the days of delivery in the Bidder's Certificate)
6. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
7. Price validity shall be for a period of three (3) months;
8. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
9. Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
10. Failure to comply with these conditions shall mean disqualification of your bid proposal.

CONRADO C. GABARDA
BAC Vice-Chairperson

PLEASE QUOTE: PER LOT / PER ITEM				SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX			
ITEM NO.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY.	UNIT	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/Model Offer)	
SUPPLIES				Unit Price	Total Price	Yes	No
1	Paracetamol 500mg/Tab 500 Tab/box	3	box				
2	Omeprazole 20mg/cap 100 tab/box	50	pcs				
3	Amoxicillin 500mg/cap 100 tab/box	2	box				
4	Clonidine 75mg/tab 100 tab/box	2	box				
5	Amlodipine Besylate 5mg/tab 100 tab/box	3	box				
6	Losartan Potassium 50mg/tab 100 tab/box	4	box				
7	Cetirizine 10mg/tab 100 tab/box	2	box				
8	Loratadine 10mg/tab	50	pcs				
9	Butamirate Citrate 50mg/tab 100 tab/box	3	box				
10	Hyoscine-N-Butylbromide 10mg, Paracetamol 500mg/tab 100 tab/box	1	box				
11	Hyoscine-N-Butylbromide 10mg, 100 tab/box	1	box				
12	Oral Rehydration Salts Sachets 100 sachets/box	1	box				
13	Co-amoxiclav 500/125mg/cap 14cap/box	5	box				





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ITEM NO.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY.	UNIT	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/Model Offer)	
SUPPLIES				Unit Price	Total Price	Yes	No
14	Hyclens Spray Solution 0.2% Chlorhexidine Digluconate 60ml	4	bottle				
15	Methyl Salicylate and l-menthol Patch 10 pcs/box	20	box				
16	10% povidone-iodine antiseptic solution 60ml/bottle	4	bottle				
17	Zinc Oxide (555.7mg) and calamine (164.5 mg) ointment 3.5ml/sachet 20sachet/box	1	box				
18	Permethrin Shampoo 10mg/sachet 12sachet/box	50	box				
19	Waterproof Plastic Strips 1 in x 3 in 100 strips/box	1	box				
20	Waterproof Plastic Strips 6 in x 4 in 100 strips/box	3	box				
21	Phenylephrine HCl 10mg, Chlorphenamine Maleate 2mg, Paracetamol 500mg/tab 100 pcs/box	3	box				
22	Paracetamol Phenylpropanolamine HCl Chlorophenamine Maleate 325mg/25mg/2mg/tab 100pcs/box	2	box				
23	70% Isopropyl Alcohol 1 gallon	10	bottle				
	Preference: -Preferably Branded -At least 2-3 years expiration from the date of delivery						
TOTAL							
Date of Event			N/A				
Purpose			PROCUREMENT OF MEDICAL SUPPLIES FOR SDO TAYABAS CITY				

SUPPLIER/CONTRACTOR/CONSULTANTS CERTIFICATION

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in _____ days from receipts of the Notice of Award.

<u>CANVASSER'S CERTIFICATION</u>
<p style="font-size: small;">This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation (RFQ) in accordance to the guidelines in securing prices for the City Schools Division of Tayabas.</p>
_____ Authorized Representative

Signature over Printed Name
Company Tel./Fax/Mobile No.
Company Tax Identification No. (TIN)
Date

