



Name of Procuring Entity : **DSSC** Purchase Request No. : **2022-09-0623**  
 RFQ Date : **September 23, 2022** PR Recorded Date : **September 21, 2022**  
 Standard Form Title : **REQUEST FOR QUOTATION** Office/End User : **School Clinic**

\*Company Name : \_\_\_\_\_  
 \*Address : \_\_\_\_\_  
 \*Contact No. : \_\_\_\_\_ \*TIN NO. [ ]VAT [ ]NONVAT : \_\_\_\_\_  
 \*Bank Account Name (LBP) : \_\_\_\_\_ \*Bank Account Number (LBP) : \_\_\_\_\_

**TERMS AND CONDITIONS:**

- All Entries must be type written of legibly written.
- Place of Delivery : Davao del Sur State College. Delivery Period : \_\_\_\_\_ upon receipt of the approved funded Purchased Order (PO).  
 Date of Delivery : \_\_\_\_\_ Payment Term : \_\_\_\_\_  
 Please be informed that upon receipt of the approved funded Purchase Order (PO), Administrative Penalties pursuant to Sec. 69 of the revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
- Warranty shall be at of **three (3)** Months for supplies and materials, **one (1) year** for Equipment from date of acceptance by end user.
- Price Validity shall be for a period of \_\_\_\_\_ Calendar days.
- Updated and certified PhilGEP's Registration Certificate, Mayors permit, and SEC/DTI shall be enclosed in the submission of quotation in a sealed envelope.
- Bidders must properly fill-up and quote on all items specified.
- Please indicate the Brand and/or Model for each items being offered and/or submit original brochures showing certification of the product (if applicable).
- A bid document fee of (Php \_\_\_\_\_) will be collected and included in the submission of quotation as provided in section 17.4 of IRR of RA-9184.
- That the DSSC Bids and Award Committee reserved the right to accept or reject any or all bid, and annul the bidding process any time before contract award without incurring any liability to the affected bidders.
- The approved budget ceiling for this procurement is, **Php 148,550.00**

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stipulated and submit your quotation duly signed by your representative not later than 05:00 pm of \_\_\_\_\_ in the return envelope attached herewith to the BAC Secretariat, DSSC, Davao del Sur or send through email to [psu@dssc.edu.ph](mailto:psu@dssc.edu.ph)

**EDUARDO F. AQUINO, MS**  
 BAC Chairman

| ITEM NO.                         | ITEMS AND DESCRIPTION   | QTY      | UNIT       | UNIT PRICE | TOTAL PRICE |
|----------------------------------|---|----------|------------|------------|-------------|
| 1                                | <b>Supply and Delivery of Supplies and equipment for the School Clinic.</b> | <b>1</b> | <b>LOT</b> |            |             |
|                                  | paracetamol 500mg   | 1000     | tablet     |            |             |
|                                  | hyoscine-N-Butylbromide 10mg  | 200      | tablet     |            |             |
|                                  | Hyocscine -N-Butyl bromide + Paracetamol                                    | 400      | tablet     |            |             |
|                                  | carbocisteine 500mg   | 600      | capsule    |            |             |
|                                  | Ibuprofen 400 mg  | 300      | softgel    |            |             |
|                                  | loperamide 2mg  | 400      | capsule    |            |             |
|                                  | Phenylephrine HCl+CPM+Paracetamol   | 600      | capsule    |            |             |
|                                  | Phenylephrine HCl+Paracetamol   | 600      | capsule    |            |             |
|                                  | salbutamol  | 50       | nebule     |            |             |
|                                  | all+mag+simethicone   | 300      | tablet     |            |             |
|                                  | dicycloverine 10mg  | 300      | tablet     |            |             |
|                                  | Mefenamic Acid  | 200      | capsule    |            |             |
|                                  | Meclizine HCl 25mg  | 300      | tablet     |            |             |
|                                  | Paracetamol 200mg+ Ibuprofen 325mg  | 400      | softgel    |            |             |
| ascorbic acid 500 mg             | 1000  | tablet   |            |            |             |
| Multi Vitamins+ B-complex +vit C | 1000  | capsule  |            |            |             |



|   |     |         |  |  |
|---|-----|---------|--|--|
| Captopril 25mg  | 100 | tablet  |  |  |
| chlorphenamine maleate 4mg                                    | 200 | tablet  |  |  |
| Cetirizine HCl  | 400 | tablet  |  |  |
| Orphenadrine Citrate + Paracetamol<br>5.mg/650mg              | 50  | Tablet  |  |  |
| Metoclopramide 10mg   | 100 | Tablet  |  |  |
| Lagundi 600mg/capsule   | 400 | capsule |  |  |
| Butamirate Citrate  | 50  | Tablet  |  |  |
| Diphenhydramine Hydrochloride                                 | 50  | Capsule |  |  |
| Isopropyl alcohol 500ml                                       | 200 | bottle  |  |  |
| Liniment oil (Methyl salicylate<br>camphor+menthol)           | 30  | bottle  |  |  |
| spirit of ammonia   | 10  | bottle  |  |  |
| cotton balls  | 35  | pack    |  |  |
| absorbent cotton  | 20  | pack    |  |  |
| band aid  | 10  | boxes   |  |  |
| Povidone Iodine Betadine 150 ml                               | 20  | bottle  |  |  |
| sterile gauze 2x2   | 300 | pack    |  |  |
| Plaster Micropore .5"   | 10  | roll    |  |  |
| Plaster Micropore 1"  | 10  | roll    |  |  |
| silver sulfadiazine cream                                     | 3   | tube    |  |  |
| Portable Oxygen Tank  | 1   | Tank    |  |  |
| Oxygen Regulator  | 1   | Set     |  |  |
| oxygen face mask (Adult)                                      | 5   | pcs     |  |  |
| digital sphygmomanometer                                      | 1   | set     |  |  |
| Monkey Wrench 12"   | 1   | pc      |  |  |
| D5LRiL  | 2   | bottle  |  |  |
| PNSSiL  | 2   | bottle  |  |  |
| Macroset  | 2   | Pcs     |  |  |
| IV Cannula gauge 22   | 2   | pcs     |  |  |
| IV Cannula gauge 24   | 2   | Pcs     |  |  |
| nebulizing kit  | 6   | set     |  |  |
| oxygen nasal cannula (Adult)                                  | 5   | pcs     |  |  |
| Disinfectant spray  | 5   | bottle  |  |  |
| air freshener   | 4   | bottle  |  |  |
| Wall clock  | 1   | Pc      |  |  |
| Battery AAA (4/pack)  | 3   | Pack    |  |  |
| Medical Drop Light  | 1   | Pc      |  |  |
| Stainless Dressing Tray                                       | 1   | Pc      |  |  |
| Hydrogen Peroxide 500ml                                       | 10  | Pcs     |  |  |
| Povidone Iodine 10% 120ml                                     | 5   | Pc      |  |  |
| IV Stand  | 1   | Pc      |  |  |
| Stainless Cotton Ball Container                               | 2   | Pcs     |  |  |
| Disinfectant Concentrate 500ml                                | 2   | Bottle  |  |  |
| Surgical Face Mask 50pcs/box                                  | 5   | Boxes   |  |  |
| Medical Tourniquet  | 2   | Pc      |  |  |
| <b>Purpose:</b> Supplies and equipment for the School Clinic. |     |         |  |  |



Brand and Model : \_\_\_\_\_ Warranty : \_\_\_\_\_  
 Delivery Period : \_\_\_\_\_ Price Validity : \_\_\_\_\_

After having carefully read and accepted your General Condition, I / We quote you on the item(s) as prices noted above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I / We concur with the Terms and Conditions specified by the DSSC.

\_\_\_\_\_  
 Canvasser

\_\_\_\_\_  
 Printed Name / Signature

**NOTE: PLEASE FILL UP NECESSARY INFORMATION MARKED AS (\*)**