



Republic of the Philippines
Department of Education

REGION XII

SCHOOLS DIVISION OF SOUTH COTABATO

Date: April 19, 2022
RFQ No.: DSC-22-04-068
Mode of Procurement: NP-SVP

Request for Quotation (RFQ)

I. Please quote your lowest price inclusive of VAT on the item(s) listed below, subject to the Terms and Conditions of this RFQ. Sealed quotations with documentary requirements must be submitted not later than _____ of _____ at Bids and Awards Committee Office (BAC), DepEd-Schools Division of South Cotabato, Alunan Avenue, Koronadal City. Quotation that exceeds the approved budget for the contract (ABC) (per item/**per lot**) shall be rejected. Evaluation and award shall be done on a (per item/**per lot**) basis. For more information please call us at Telephone Nos.: (083) 228-9224, c/o **Mr. Rodel H. Catubay**, BAC-Secretariat Head. Prospective supplier shall be responsible to verify herein items from DepEd.- So. Cot. Division, Property and Supply Unit c/o **Mr. Ray O. Lloren**, Administrative Officer IV - Supply Officer at Telephone No. (083) 228-5269.

J. P. Isla
JASMIN P. ISLA
BAC Chairperson

Instructions:

1. Accomplish this RFQ correctly and accurately. Entries must be written legibly.
2. Do not alter the contents of this form in any way.
3. All bids and attached documents shall be in a sealed envelope.
4. Failure to follow these instructions will disqualify your entire quotation.

II. Particulars

Lot No.	Item Description / Technical Specification	Approved Budget for the Contract (ABC) in Php.	Quantity	Unit of Issue	Unit price	Brand / Model	TOTAL PRICE in Pesos (Qty x Unit Price)
1	Supply and delivery Medical Supplies for the use of Schools Division of South Cotabato	123,087.25	1	LOT			
	Paracetamol 325 mg, Guaifenesin 100 mg, Phenylpropanolamine Hydrochloride 20 mg, Dextromethorphan Hydrobromide 15 mg, Chlorophemine Maleate 1 mg; Box: 100 cap.		20	box			
	Phenylephrine HCl 10 mg, Chlorophemine maleate 2 mg, Paracetamol 500 mg, Color: Blue: Size: 1.91cm: Shape: Oblong, Box 100		10	box			
	Ibuprofen 200mg/softgel capsule, clear green, 10 minim oval with a clear colorless or pale green fill, box 100		10	box			
	Ceterizine 10 mg/tablet, FC Tablet, white oblong with a bisect line and Y-Y logo, box 50		20	box			
	Episerone Hydrochloride 50mg/tablet, white sugar coated, box 100		2	box			
	Losartan potassium 100mg/tablet, box 50s		12	box			
	Amlodipine Besilate 10mg/tablet, box 100s		1004	pc			

	Captopril 25mg/tablet, box 100		5	box			
	Cefuxime (as axetil) 500mg/tab (white to off-white colored, boconvex capsule-shaped, film-coated with break line on one side) pcs		455	pc			
	x-x-x-x-x Nothing Follows x-x-x-x-x						
For the availability of Emergency Medicine in the Division Office.							
TOTAL AMOUNT IN FIGURES:							
TOTAL AMOUNT IN WORDS:							

Terms and Conditions:

1. Delivery Period: **Fifteen (15) Calendar days from Supplier's receipt of Purchase Order**
2. Delivery Site: **Supply Office, DepEd-Division of South Cotabato, Alunan Ave., Koronadal City**
3. Price Validity: **120 days from submission of quotation**
4. Warranty: **6 months for supplies & materials; 1 year for equipment, from the date of acceptance by the procuring entity.**
5. Payment Term: **15 Days**
6. Price is inclusive of all costs and applicable taxes.

This is to submit our price quotations as indicated above subject to the terms and conditions of this RFQ.

Supplier's Business Name: _____ **PhilGEPS Reg. no.** _____

Address: _____ **TIN** _____

Tel. No.: _____ **Fax No.:** _____ **E-Mail** _____ **Vat** _____ **Non-Vat** _____

Supplier's signature over printed name: _____ **Date** _____

Canvasser: _____

NOTE: Please attach the following eligibility requirements upon submission of quotation.

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| ____ 1 PhilGeps Registration No.: _____ | ____ 6 Certificate of Tax Exemption (for Cooperatives) |
| ____ 2 Mayor's Permit/ Business Permit | ____ 7 Certificate of Compliance/ Good Standing (for Cooperatives) |
| ____ 3 DTI (if sole proprietorship)/ SEC (Corporations) | ____ 8 Omnibus Sworn Statement (for lowest bidder for NP-SVP |
| ____ 4 Income & Business Tax Returns (for ABCs above 500K) | with ABCs above 50k and Emergency Cases with ABCs above 500k) |
| ____ 5 BIR Certificate of Registration (BIR Form 2303) | |

1 ____ 2 ____ 3 ____ 4 ____ 5 ____