



Republic of the Philippines
Department of Education
 REGION XII

SCHOOLS DIVISION OF SOUTH COTABATO

Date: August 7, 2020
 RFQ No.: DSC-20-08-149
 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. Submission of this duly signed quotation with your eligibility documents is not later than **10:00 a.m. of August 14, 2020** at Bids and Awards Committee Office (BAC), DepEd South Cotabato Division, Alunan Ave., Koronadal City. Open quotation may be submitted, manually or through facsimile-083 228 9224 or email at **bac.southcotabato@depd.gov.ph**. 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 **Ms. Mary Jane C. Sunga**, BAC-Secretary/Chairperson. 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.

LALAINÉ S.J. MANUNTAG, Ph.D
 Chairperson, BAC-AMP

Instructions:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. Technical Specifications with asterisks (*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

Legend:

* **Mandatory Requirements. Failure to comply with any of the mandatory requirements will disqualify your quotation.**

II. Particulars

Lot/Item 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 of Medical and Dental Supplies	231,980.00					
	Paracetamol, 500mg tablet, 500's		1	box			
	Amlodophine 5mg, tablet, 100's		1	box			
	Mefenamic Acid, 500mg, capsule, 100, SF		1	box			
	Flucloxacillin, 500mg capsule, 50's/box		2	box			
	Ascorbic Acid, 500mg/tabs, 100's		10	box			
	Lagundi, 600mg, capsule, 60's		2	box			
	Ceterizine, 10mg, tablet, 100's		5	box			
	Captopril, 25mg, tablet, 100's		1	box			
	Multivitamins w/ iron capsule, tinfoil, 100's		5	box			
	Paracetamol, 500mg tablet		40	box			
	Amoxicillin 500mg, tablet		2	box			
	Phenylpropanolamine+Cholphenamine Maleate+Paracetamol		10	box			
	<i>Page 2 follows</i>						

Face Mask, earlop 3 ply, 50's	20	box		
Stethoscope	4	pc		
Isoprophyl Alcohol 70%	10	galloon		
Hexetidine, Oral Antiseptic gargle, 0.1%sol'n, 60ml	20	bottle		
Sterile gauze pad, individually wrap, 4"x4", 100's	5	box		
Methyl Salycylate Camphor Menthol, 100 regular strength	20	bottle		
Digital Blood Pessure (BP) Apparatus	2	pc		
Digital Thermometer (gun type)	5	pc		
Clotrimazole Ointment	6	pc		
Lidocaine HCI 2% Einephrine (1:1000,000)	5	box		
Extra Short needle 3x12mm, g30 100's	7	box		
Short Needle 3x12 g27	2	box		
Powdered Gloves, small, 100's	24	box		
Perfectan TB (120ml), plastic bottle	10	bottle		
Dental cotton rolls	15	pack		
Light cure machine	2	unit		
Intefold paper towels, 175/s	35	pack		
Disposable Dental Poly Bib 100's	10	pack		
Alcohol, 70% 500ml	50	bottle		
Face Shield	100	pc		
Personal Protective Equipment	10	pc		
x-x-x-x-x-x				
<i>For Dental Treatment of learners, teaching and non-teaching personnel</i>				
TOTAL AMOUNT IN FIGURES:				
TOTAL AMOUNT IN WORDS:				

Terms and Conditions:

1. Delivery Period: **Seven (7) Calendar days from Supplier's receipt of Purchase Order (PO)**
2. Delivery Site: **Supply Office, DepEd-Schools 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**

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

Supplier's Business Name: _____

Address: _____ **TIN** _____

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

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

Canvasser: IRA KEVIN H. OREGANO

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) | ___ 8 Omnibus Sworn Statement (for lowest bidder for NP-SVP |
| Income & Business Tax Returns (for ABCs | with ABCs above 50k and Emergency Cases with ABCs above 500k) |
| ___ 4 above 500K) | |
| ___ 5 BIR Certificate of Registration (BIR Form 2303) | |
- 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___