



Republic of the Philippines
Department of Education

REGION XII

SCHOOLS DIVISION OF SOUTH COTABATO

Date: April 12, 2023
RFQ No.: DSC-23-04-042
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 **10:00 a.m.** 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.

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 of Drugs and Medicines	99,980.00	1	lot			
	Paracetamol 500mg/tablet; color: Orange; Shape: Oblong, Box of 500's		2	box			
	Cetirizine 10mg/tablet; Shape: White oblong w/ a bisect line and a Y logo, Box of 50's		2	box			
	Diclofenac 1% Emulgel		10	pc			
	Paracetamol 325mg, Guaifenesin 100mg, phenylpropanolamine hydrochloride 20mg, dextromethorphan hydrochloride 15mg, chlorpheniramine maleate 1mg, Capsule, Color: Bi-color w/ Green and Yellow, Shape: Oblong, Box of 100's		2	box			
	Phenylephrine HCL 5mg, Brompheniramine 2mg/5ml Syrup 120ml Bottle		15	bot			
	Losartan potassium, 100mg/tablet, Box of 50's		4	box			

Captopril 25mg/Tablet, Box of 100's	2	box			
Amlodipine Besilate, 10mg/Tablet, Box of 50's	2	box			
Omeprazole 20mg/capsule, Box of 30's	3	box			
Famotidine 10mg, calcium carbonate 800mg, Magnesium Hydroxide 165mg, Tablet, Shape: Circle, Color: Pink, Box of 100's	2	box			
Hyoscine N- Butylybromide 10mg/Tablet, box of 120's	1	box			
Dicycloverine 10mg/ 5ml Syrup, 60ml Bottle	20	bot			
Cinnarizine 25mg/Tablet, Box of 100's	1	box			
Salbutamol 2mg/tablet, Box of 100's	3	box			
Procaterol Hydrochloride 25mcg/tablet, Box of 100's	1	box			
Carbocisteine 500mg/Capsule, Box of 100's	2	box			
Ambroxol 15mg/ 5ml Syrup, 60ml Bottle	20	bot			
Lagundi Leaf 600mg/Capsule, Box of 100's	1	box			
Lagundi 600mg/ 5ml Syrup, 120ml Bottle	15	bot			
Oral Rehydrating Salts Sachets (ORS), Box of 100's	12	box			
Aluminum Magnesium Hydroxide 200mg/100mg/5ml Syrup, 120ml Bottle	50	bot			
Carbocisteine 500mg/Capsule, Box of 100's	2	box			
Povidone-Iodine Solution 15ml	30	bot			
Methylsalicylate 21g; Camphor 7.5g and Menthol 6.0g Oil 50ml Bottle	25	bot			
Isosorbide Dinitrate 5mg/Sublingual tablet, Box of 100's	1	box			
Cefalexin 250mg/5ml Suspension, 60ml Bottle	72	bot			
Amoxicillin 250mg/5ml Suspension, 60ml Bottle	51	bot			
Co-amoxiclav 312.5mg/5ml Suspension, 70ml Bottle	15	bot			
Salbutamol 2mg, Guaifenesin 100mg Capsule, Box of 100's	5	box			
Clotrimazole 10mg/g Ointment/Cream	10	pc			
Fusidic Acid 2% Ointment/Cream	5	pc			
Mupirocin Ointment Usp 2%	5	pc			
Hydrocortisone+Bacitracin+Polymyxin B Sulfate+Neomycin Ointment	5	pc			
Tobramycin 3mg, Dexamethasone 1mg Eye Drops	8	pc			
Dexamethasone sodium phosphate, Neomycin sulfate, Polymyxin B sulfate Otic/Ear Solution	5	pc			
Cloxacillin 500mg/Capsule, Box of 100's	5	box			
Amoxicillin 250mg/Capsule, Box of 100's	5	box			
Amoxicillin 500mg/Capsule, Box of 100's	3	box			
Azithromycin 500mg/Capsule, Box of 3's	5	box			
Azithromycin 250mg/Capsule, Box of 6's	5	box			
Metronidazole 500mg/Capsule, Box of 100's	2	box			

	Mefenamic Acid 500mg/Tablet, Box of 100's		3	box			
	Calamine 8g, Diphenhydramine 1g/100ml Lotion		15	bot			
	Permethrin 50mg/ml Lotion		10	bot			
	Zinc Oxide 555.7mg, Calamine 164.5mg/3.5g Ointment, Sachet		30	pc			
	Diphenhydramine 50mg/ml solution for Injection Ampule, Box of 10's		3	box			
	<i>x-x-x-x-x nothing follows x-x-x-x-x</i>						
For the Provision of drugs, medicines and supplies to patients in the clinics during medical and dental consultations to be utilized in all 18 School Central Clinics and SHS Clinic in the Schools 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-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**
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) Income & Business Tax Returns (for ABCs above 500K) | ____ 8 Omnibus Sworn Statement (for lowest bidder for NP-SVI with ABCs above 50k and Emergency Cases with ABCs above 500k) |
| ____ 5 BIR Certificate of Registration (BIR Form 2303) | |

1____ 2____ 3____ 4____ 5____