



Republic of the Philippines
Department of Education
Region X – Northern Mindanao
DIVISION OF OZAMIZ CITY



City of Ozamiz
IBJT Compound, Carangan, Ozamiz City
Telephone (088) 545-0988 Fax No. (088) 545-0990
Website: www.ozamiz.deped.gov.ph/ Email: ozamiz.city@deped.gov.ph

REQUEST FOR QUOTATION

Procuring	DepED, Division of Ozamiz City	RFQ No.:	MAY24-75
Office/End-	SGOD-SHS	PR No.	2024-05-75
Purpose:	Implementation of School-Based Feeding Program (SBFP) SY 2024-2025 - Medicine Supplies for SBFP Recipients FY 2024	Date:	May 17, 2024

TERMS and CONDITIONS:

- All entries must be typewritten or legibly written. Any overwriting, erasures must be initialed by the Bidder.
- Delivery period within 30 days from the receipt of Purchase Order and delivered goods/services must be in accordance to accepted offer of the bidder.**
- Avoid quoting if stocks are not available within the period stipulated.
- Price Quotation/s shall be inclusive of all taxes, charges or fees.
- Warranty security shall be for a minimum of **three (3) months for expendable supplies and 1 year for non-expendable supplies** from date of acceptance by the end-user.
- Price validity shall be for a period of Forty Five (45) calendar days.
- Bidders shall submit original brochures showing certifications of the product, if applicable.
- Failure to print name and/or signature of authorized representative shall disqualify the supplier from participating the bidding process.
- Delivered goods shall be inspected upon the date/period stipulated and shall be acknowledged to conform the compliance with the technical specifications.
- Failure to deliver within the stipulated delivery period shall subject the supplier to a penalty or liquidated damages of 1/10 1% per day of delay on items not delivered.
- Quotations submitted must be **sealed**.
- Payment shall be made after the delivery/activity and upon the submission of the required document/s such as: Order slip/Billing Statement by the supplier. Our servicing bank: Development Bank of the Philippines shall credit the amount due to the bank account of the supplier/contractor. **Please take note that corresponding bank transfer fees, if any, shall be chargeable to the account of the supplier/contractor.**
- Procuring Entity may terminate and contract anytime in accordance with the grounds provided under R.A 9184 and its 2016 revised IRR.
- The RFQ, Purchase Order and other related documents for the above-stated projects shall be deemed to form part of the contract.

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated above and submit/email your quotation duly signed by your representative not later than **May 21, 2024 at 1:00 PM.**

Very truly yours,

DIONESIO L. LIWAGON, JR., CESE
ASDS/BAC Chair

Company Name:							
Address:							
PhilGEPS Reg. Number							
Item No.	QTY	Unit	Items and Description	ABC	Bidder's Brand/Model and Specifications	Unit Price	Total Price
Manner of Awarding: "Per Item Basis"							
1	3	boxes	Amoxicillin 500mg tab (100's)	400.00			
2	4	boxes	Amoxicillin 250mg tab (100's)	300.00			
3	12	boxes	Dental solution, lidocaine with epinephrine, 50 cartridge/box	1,200.00			
4	12	boxes	Dental needles 30 gauge;extra short for pediatric use 100's	1,200.00			
5	4	boxes	Mefenamic Acid 500mg capsule (100's)	300.00			
6	16	boxes	Paracetamol 500 mg tabs (100's) - non generic	1,000.00			
7	4	boxes	Cetirizine HCL 10mg tab	300.00			
8	3	boxes	Aluminum Hydroxide/Magnesium Hydroxide Simecicone chewable tabs	400.00			
9	4	boxes	Ketoprofen Gel topical gel 2.5%	300.00			
10	4	boxes	Paracetamol/Phenylpropanolamine HCL/Chlorphenamine maleate 500mg/25mg/2mg tab	300.00			
11	64	roll	Elastic bandage 3x5 yards	50.00			
12	8	pcs	Penlight Instrulite Chrome LED Bulb	300.00			
13	2	pcs	Pulse Oximeter Fingertip blood oxygen saturation SpO2,PR monitor LED	600.00			
				*** Nothing Follows ***			
TOTAL				60,000.00			

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices noted above.

Note:

DOCUMENTARY REQUIREMENTS:

- * MAYOR'S BUSINESS PERMIT (photocopy only)
- * Certificate of Registration (BIR 2303) (Photocopy only)
- * DTI/SEC Certificate/(photocopy only)
- * Omnibus Sworn Statement (photocopy only) - **Above 50,000.00 and SVP as Alternate Mode of Procurement only**
- * Latest Income Business Return (photocopy only) - **Above 500,000.00 and SVP as Alternate Mode of Procurement only**

Signature Over Printed Name / Date

Contract Number/Email Address