

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		NOV24-263
Office/End-	SGOD	PR No.	2024-11-263
Purpose:	Medical Supplies and Materials for School Dental Health Care	Date:	November 22, 2024
	Program and SDHCP Clinics		
			!

TERMS and CONDITIONS:

- 1. All entries must be typewritten or legibly written. Any overwriting, erasures must be initialed by the Bidder.
- 2. Delivery period is 30 days from receipt of PO and delivered goods/services must be in accordance to accepted offer of the bidder.
- 3. Avoid quoting if stocks are not available within the period stipulated.
- 4. Price Quotation/s shall be inclusive of all taxes, charges or fees.
- 5. 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 enduser.
- 6. Price validity shall be for a period of Forty Five (45) calendar days.
- 7. Bidders shall submit original brochures showing certifications of the product, if applicable.
- 8. 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 comform the compliance with the technical specifications.
- 10. 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.
- 11. Quotations submitted must be sealed.
- Payment shall be made after the delivery/activity and upon the submisson 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.
- 13. Procuring Entity may terminate and contract anytime in accordance with the grounds provided under R.A 9184 and its 2016 revised IRR.
- 14. 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 November 26, 2024 at 3:00PM.

Very truly yours,

DIONESIO L. LIWAGON, JR., CESE

ASDS/BAC Chair

Compan	y Name:							
Address	:							
PhilGEPS	Reg. Nur	mber						
Item	ОТУ	Unit	Items and Description	ARC	Bidder's Brand/Model	Unit Price	Total	

Item No.	QTY	Unit	Items and Description	ABC	Bidder's Brand/Model and Specifications	Unit Price	Total Price
1	20	DOX	Lidocaine 2% dental anesthetic solution with Epinephrine (1:100,000) 1.8ml dental cartridges; BRANDED; 50 GLASS cartridges per box; at least 2 years expiration from date of purchase	2 000 00			
2	20	hox	Dental cartridge needles, Gauge 30 XS (extra small), 100 pieces per box	500.00			

3	30	tube	Fluoride varnish (BRANDED); 50mg/ml dental suspension of Sodium Fluoride; maximum 40 uses per tube; at least 2 years expiration from date of purchase	2,700.00		
4	50	box	Mefenamic Acid 500mg; 100 capsules per box; at least 2 years expiration from date of purchase	150.00		
5	50	box	Mefenamic Acid 250mg; 100 capsules per box; at least 2 years expiration from date of purchase	125.00		
6	10	box	Paracetamol 500mg tablets (100tabs/box) ; BRANDED; at least 2 years expiration from date of purchase	500.00		
7	50	bottle	Paracetamol 125mg/5ml syrup; 60ml bottle; BRANDED; at least 2 years expiration from date of purchase	100.00		
8	50	bottle	Paracetamol 250mg/5ml syrup; 60ml bottle; BRANDED; at least 2 years expiration from date of purchase	150.00		
9	6	unit	Sphygmomanometer with stethoscope (Alp K2)	1,500.00		
10	15	box	Nitrile Examination Gloves; Powder-free; 100 gloves per box; Medium; ambidextrous	303.00		
11	10	bottle	Ethyl Alcohol, 1 gallon	357.00		
12	20	bottle	Concentrated All Purpose Cleaner 900ml; Alkyl dimethyl benzyl ammonium saccharinate and Ethanol as active ingredients	192.00		
			*** Nothing Follows ***			
	TOTAL				 	
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)

* Certicate 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