



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**

<b>Procuring</b>	DepED, Division of Ozamiz City	<b>RFQ No.:</b>	NOV24-263
<b>Office/End-</b>	SGOD	<b>PR No.</b>	2024-11-263
<b>Purpose:</b>	Medical Supplies and Materials for School Dental Health Care Program and SDHCP Clinics	<b>Date:</b>	December 14, 2024

<b>TERMS and CONDITIONS:</b>			
1. All entries must be typewritten or legibly written. Any overwriting, erasures must be initialed by the Bidder.			
2. <b>Delivery period is 30 days from receipt of PO and delivered goods/services must be in accordance to accepted offer of the bidder.</b>			
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 <b>three (3) months for expendable supplies and 1 year for non-expendable supplies</b> from date of acceptance by the end-user.			
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.			
9. Delivered goods shall be inspected upon the date/period stipulated and shall be acknowledged to conform 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 <b>sealed</b> .			
12. 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. <b>Please take note that corresponding bank transfer fees, if any, shall be chargeable to the account of the supplier/contractor.</b>			
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 December 18, 2024 at 3:00PM.**

Very truly yours,

**DIONESIO L. LIWAGON, JR., CESE**

ASDS/BAC Chair

<b>Company Name:</b>							
<b>Address:</b>							
<b>PhilGEPS Reg. Number</b>							
Item No.	QTY	Unit	Items and Description	ABC	Bidder's Brand/Model and Specifications	Unit Price	Total Price
1	20	box	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	box	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	6	unit	Sphygmomanometer with stethoscope (Alp K2)	1,500.00			
5	15	box	Nitrile Examination Gloves; Powder-free; 100 gloves per box; Medium; ambidextrous	303.00			
6	10	bottle	Ethyl Alcohol, 1 gallon	357.00			
7	20	bottle	Concentrated All Purpose Cleaner 900ml; Alkyl dimethyl benzyl ammonium saccharinate and Ethanol as active ingredients	192.00			
*** Nothing Follows ***							
<b>TOTAL</b>				<b>151,955.00</b>			
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