

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 Entity:	y: DepED, Division of Ozamiz City		MAY25-145
Office/End-User:	SGOD-SHS	PR No.	2025-05-145
Purpose:	Medicine Supplies for SBFP Implementation for F.Y. 2025	Date:	May 07, 2025

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 within 30 days from receipt of Purchase Order 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.
- 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. 5. Warranty security shall be in a form of either Retention Money of Special Bank Guarantee.

Warranty Security Amount Threshold:

- 1. Php 0.00 Php 5,000.00 = 1%
- 2. Php 5,001.00 Php 10,000.00 = 2%
- 3. Php 10,001.00 Php 15,000.00 = 3%
- 4. Php 15,001.00 Php 20,000.00 = 4%
- 5. Php 20.001.00 Above = 5%
- 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 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:
- 12 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 May 13, 2025 at 10:00 A.M.

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
1	10	box	Amoxicillin 500mg tab (100's)	600.00			
2	10	box	Amoxicillin 250mg tab (100's)	550.00			
3	5	box	Mefenamic Acid 500mg capsule (100's)	400.00			
4	5	box	Mefenamic Acid 250mg capsule (100's)	300.00			
5	13	box	Paracetamol 500mg tab (100's) - non generic	1,000.00			

6	5	box	Cetirizine HCL 10mg tab	300.00		
7	5	box	Aluminum Hydroxide / Magnesium Hydroxide Simeticone chewable tabs	400.00		
8	3	box	Ketoprofen Gel topical gel 2.5%	750.00		
9	3	box	Paracetamol/Phenylpropanolamine HCL/Chlorphenamine Maleate 500mg/25mg/2mg tab	300.00		
10	20	bottle	Efficascent Oil Extra Strength 50mL	60.00		
11	20	roll	Elastic Bandage 3x5 yards	60.00		
12	20	roll	Micropore tape 3M / 1 inch / Hypoallergenic / 12 rolls/box	100.00		
13	5	roll	Leukoplast Surgical Tape 5cm x 5m	200.00		
14	1	piece	Penlight Instrulite Chrome LED Bulb	2,010.00		
15	3	box	lbuprofen+Paracetamol 200mg/325mg	600.00		
16	5	box	Phenylephrine HCL, nasal decongestant	600.00		
17	1	piece	Pulse Oximeter Fingertip blood oxygen saturation SpO2,PR monitor LED	1,499.75		
18	20	tube	Sulfur ointment 30g tube	200.00		
19	200	sachet	LiceAliz 10mL shampoo	20.00		
20	16755	tab	Vitamin C with zinc, chewable tablet	7.00		
21	374	bottle	Vitamin C with zinc syrup 120mL	150.00		
			*** Nothing Follows ***			
	TOTAL 22					
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