

Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
 Region VII, Central Visayas  
**DIVISION OF BOHOL**  
 City of Tagbilaran

**REQUEST FOR QUOTATION**

RFQ NO.: 2023-09-0265  
 DATE: 09-26-2023

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No. \_\_\_\_\_  
 TIN No. \_\_\_\_\_

Please quote your best offer for the item described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation.

Submit your quotation duly signed by you or your duly representative and copies of the following eligibility requirements not later than \_\_\_\_\_.

1. DTI/SEC Registration
2. Business Permit
3. Latest Annual Income Tax/EFPS
4. Certificate of PhilGEPS Registration
5. Other Supporting Documents

**Sealed Quotations** may be submitted or mailed at DepED-Division Office, Division of Bohol, CPG Avenue, Tagbilaran City.

  
**DR. DANILO G. GUDELOS AO**  
 BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/we submit your quotation/s for the item/s as follows:

Item/Description	QTY	Unit	Approved Budget for the Contract	OFFER					
				PRICE			Compliance with Technical Specifications (Please Check)		REMARKS
				QTY	Unit Price	Total Price	Yes	No	
Paracetamol 500 mg Tablet - 100/Box	20	Box	5,000.00						
Ibuprofen 400 mg Tablet - 100/Box	20	Box	5,000.00						
Ibuprofen 100 mg/5 ml/Bottle	50	Bot.	4,250.00						
Cetirizine 10 mg Tablet 100/Box	10	Box	1,500.00						
Famotidine + Calcium Carbonate + Magnesium 100/Box	10	Box	23,000.00						
Omeprazole 40 mg Capsule - 100/Box	10	Box	5,500.00						
Hyoscine 10 mg Capsule 30/Box	10	Box	5,500.00						
Loperamide 2 mg Capsule 100/Box	10	Box	2,500.00						
Oral Rehydrating Solution 100/Box	20	Box	7,000.00						
Cefalexin 500 mg Capsule 100/Box	10	Box	5,500.00						
Cefalexin 250 mg Capsule 100/Box	10	Box	5,000.00						
Azithromycin 500 mg Tablet 3/Box	20	Box	3,200.00						

Co-amoxiclav 625 ng Tablet 14/Box	20	Box	2,800.00						
Losartan 100 mg Tablet 100/Box	10	Box	3,600.00						
Amlodipine 10 mg Tablet 100/Box	10	Box	5,000.00						
Captopril 25 mg Tablet 100/Box	10	Box	2,500.00						
Mupirocin + Betamethasone 5 g Ointment	10	Tube	4,800.00						
Tobramycin + Dexamethasone Eye Drops, 5 ml	10	Bot.	1,900.00						
Ofloxacin Ear Drops, 5 ml Bottle	10	Bot.	2,500.00						
x-x-x-x-x-x-x-x-x-x-x-x-x-x									
<b>TOTAL</b>			<b>96,050.00</b>						
<b>Purpose:</b> Medicine Supply for Medical Service.									

\_\_\_\_\_  
(Signature Over Printed Name)

#### Terms and Conditions

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of Thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotations exceeding the Approved Budget for the Contract shall be rejected.
5. Award of contract shall be made to the lowest quotation (for goods)
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
7. The item/s shall be delivered on the date and place specified in the purchase order and shall commence from the receipt thereof.
8. The Inspection Committee shall have the right to inspect and/or to test the goods to confirm their conformity of the technical specifications.
9. Liquidated damages equivalent to the one-tenth of one percent of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The Head of the Procuring Entity shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.