

REQUEST FOR PRICE QUOTATION

23-09-0919

Date: September 06, 2023

Purpose: for use of Regional Haven for Women and Girls for the 3rd Quarter 2023

The DSWD Regional Office announces its intention to purchase goods and services and invites into BID for the following:

ITEM NO	ITEM	Quantity	Unit	Price Quotation		Remarks
				Unit Price	Total Price	
1	Antihypertensive, Losartan 50mg/tab 100tabs/box	1	box			PR # 2023-07-1230
2	Analgesic/anti-pyretics, Mefenamic 500mg 100caps/box	1	box			
3	Analgesic/anti-pyretics, Mefenamic 250mg 100caps/box	1	box			
4	Analgesic/anti-pyretics, Paracetamol 500mg/tab 100tab/box	1	box			
5	Analgesic/anti-pyretics, Paracetamol syrup 60ml/bottle	5	bottle			
6	Anti-allergy/anti-histamine tabs (cetirizine tabs)	100	pcs			
7	Anti asthmatic, Guafenesin/Salbutamol syrup 60ml/bot.	2	bottle			
8	Anti asthmatic, Salbutamol nebulas,spolyamp/pack	5	pack			
9	Anti emetics, Metocloperimide HCL 10mg/tab	1	box			
10	Anti fungals, Ketoconazole Cream 2% 60 gms	3	tube			
11	Antibiotics, Co-amoxiclav 625mg/tab	1	box			
12	Anti-spasmodic, Hyoscine N-butylbromide plain 10mg	1	box			
13	Hyoscine N-butylbromide + Paracetamol tab 10mg	1	box			
14	Colds Preparations, Carbocisteine caps	1	box			
15	Colds Preparations, Neozep tab 100tabs/box	2	box			
16	Colds Preparation, Salinase Solution	2	bottle			
17	Dental Supplies, Mouth Wash 500ml/bot.	3	bottle			
18	Hydrogen Peroxide 500ml	1	bottle			
19	Povidone, iodine antiseptic 500ml	1	bottle			
20	Skin Preparation, Mupirocin Ointment	2	tube			
21	Skin Preparation, Fluiocinonide Cream (lidex)	5	tube			
22	Vitamins, Ascorbic Acid 500mg/tab 100tab/box	20	box			
23	Ascorbic Acid plus Zinc 250ml/bot.	5	bottle			
24	Ascorbic Acid drops Zinc 30ml/bot.	5	bottle			
25	Ascorbic Acid syrup 250ml/bot.	5	bottle			
26	Vitamins, Ferrous Sulfate syrup 120ml/bot	4	bottle			
27	Vitamins, Ferrous Sulfate tab 100tabs/box	20	box			
28	Vitamin B complex 100tabs/box	5	box			
29	Multivitamins tabs 500mg/tab 100tabs/box	30	box			
30	Multivitamins syrup 250ml/bot.	8	bottle			
31	Multivitamins drops 30ml/bot.	5	bottle			
32	Probiotic Capsule	180	capsule			
33	Metformin XR 500mg/tablet	90	tab			
34	Lupibile 300mg/tablet	180	tab			
35	Cotton balls 50pcs/pk	2	pack			

36	Electrolyte Supplements, ORS Sachet	5	piece		
37	Pregnancy Test Kit	5	pcs		
38	Refill of Oxygen Tank 5lbs	1	tank		
39	Dental anesthesia	3	piece		
40	KY Jelly	1	box		
41	Burn ointment, silver sulfadiazine	1	tube		
42	Sulfur Soap	15	pcs		
43	Disposable plastic gloves	60	pcs		
44	Calmoseptin ointment	10	sachet		
45	Antibiotic (azithromycin 500mg/tab)	30	tab		
46	SARS-COV-2 Rapid Antigen Kit (25pcs/box)	2	box		
47	Clarithromycin 500mg/tab	100	tabs		
48	Cefixime drops 20mg/ml	10	bottle		
49	Bactidol gargle 250ml/bot	5	bottle		
50	Salbutamol + Ipratropium (nebule)	30	pcs		
51	Salbutamol + Budesonide (nebule)	30	pcs		
52	Salbutamol plain	50	pcs		
53	Digital Thermometer	2	pcs		
	Note: Expiration Date: 2025-2026				
	Total Approved Budget = P 95,006.00				

Notes:

***This can be sent through fax. Submission must be two (2) days upon receipt. Late canvass shall be automatically rejected.**

*** Price quotations must be inclusive of tax.**

All interested suppliers are requested to **SUBMIT THEIR BIDS** on or before _____ to the DSWD Regional Office, Regional Center,

*DSWD E-Mail Address at bacsec.fo2@dswd.gov.ph

*DSWD Regional Bids and Awards Committee

The following suppliers' business documents are required for submission to DSWD BAC Secretariat before bid submission:

*DTI Business registration

*Mayor's Permit

*TAX Clearance

Others Required:

Bids submitted not in consonance with the above stated date, time and place would be rejected.

CELSO L. ARAO JR.
BAC Chairperson
Director III

Quoted by:

Canvassed By:

Registered Business Name

Printed Name and Signature of Owner/Authorized Representative

Business Address : _____

Date of Submission : _____

Contact No : _____

Terms of Payment : _____

TIN Number : _____

Canvasser
(Signature over printed name)

Philgeps Registration no. _____

ACKNOWLEDGMENT RECEIPT

Date: _____

This is to acknowledge receipt of Request for Price Quotation 23-09-0919 from the Department of Social Welfare and Development (DSWD) Field Office 02, Regional Center, Carig, Tuguegarao City, Cagayan

Name of Company/Supplier/Bidder/Service Provider: _____

Signature over Printed Name of Representative/Owner _____

Date Received

DSWD Field Office 02, #3 Dalan na Pagayaya, Regional Government Center, Carig, Tuguegarao City, Philippines 3500
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