



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office VII
 Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

**REQUEST FOR QUOTATION
 SHOPPING**

RFQ No. : DSWD7-2024-0097
 Date : February 19, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 PhilGEPS Registration No.: _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Interested service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation.

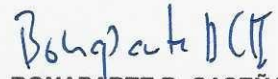
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **February 22, 2024 at 5:00PM.**

Very truly yours,


ENGR. EMMANUEL M. EDLES
 AO V/Head, Procurement Management Section

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Quotation validity shall be not less than **60 calendar days.**
3. Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of Purchase Order.**
4. Place of Delivery: **RRCY, Brgy. Candabong Biniod, Argao, Cebu**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
8. Warranty period, if applicable: _____


BONAPARTE D. CASEÑAS II
 Canvasser

I am interested to quote and agree to the terms and conditions.

 (Signature over Printed Name of Supplier / Service
 Provider / Authorized Representative)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

RFQ No. DSWD7-2024-0097
 Date: February 19, 2024

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
Supply and Delivery of Medical Supply							
1	30	tablet	Azithromycin, 500mg tabler				
2	210	tablet	Co-amoxilav, 625mg tablet				
3	100	capsule	Clindamycin, 300mg capsule				
4	250	capsule	Cloxacillin Sodium, 500mg capsule				
5	300	capsule	Amoxicillin Trihydrate, 500mg capsule				
6	200	tablet	Citirizine Hydrochloride 10mg tablet				
7	1,000	tablet	Phenylpropanolamine HCl 20mg, Chlorphenamine Maleate 2mg, Paracetamol 500mg tablet				
8	30	tablet	Meclizine HCl, 25mg, chewable tablet				
9	500	tablet	Paracetamol, 500mg tablet				
10	10	bottle	Hexetidine 0.1% oral antiseptic in 120ML bottle				
11	50	pack	Cotton buds, 200 tips/pack				
12	5	roll	Surgical Tape, 1 inch X 5 yards adhesive roll				
13	1,500	tablet	Ascorbic Acid, 500mg tab				
14	500	capsule	Multivitamins + Iron capsule				
15	1,500	capsule	Mefenamic Acid, 500mg capsule				
16	200	capsule	Cefalexin, 500mg capsule				
17	100	capsule	Ciprofloxacin, 500mg tablet				
18	10	tube	Mupirocin, 20mg/g ointment in 5 gram tube, topical antibacterial				
19	50	tablet	Famotidine, Calcium Carbonate, Magnesium Hydroxide, 10mg/800mg/156mg chewable tablet, advance, H2 receptor antagonist/antacid				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
20	50	tablet	Hyoscine N-Butylbromide, 10mg tab, antispasmodic				
21	50	capsule	Domperidone, 10mg tablet, gastrokinetic/antiemetic				
22	30	ampoules	Bacillus Clausii, 2 billionn/5mL oral suspension, antidiarrheal				
23	100	tablet	Metronidazole, 500mg tablet, amebecide				
24	10	tablet	Metoclopramide, 10mg tablet, antiemetic				
25	2	box	Bandage, adhesive, washproof, breathable protection, for minor cuts and scrapes, 50 strips per box				
26	5	nebule	Salbutamol 2.5mg/2.5ml solution for inhalation				
Total:							
Approved Budget for the Contract: Php 75,460.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: RRCY							
PURPOSE : For RRCY Residents use for the CY 2024							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

Bonaparte D. Caseñas II
BONAPARTE D. CASEÑAS II
 Carvasser

Signature of Supplier / Authorized Representative
 Over Printed Name

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