



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. : **DSWD7-2025-0323**  
 Date : **March 20, 2025**

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 supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s.

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 **March 25, 2025 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 Binlod, 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: \_\_\_\_\_

**CHARL ALBERT J. TORREFIEL**  
 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: \_\_\_\_\_

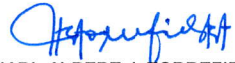
RFQ No.: DSWD7-2025-0323

Date: March 20, 2025

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Supply and Delivery of Medical Supplies</b>				
1	20	piece	Azithromycin, 500mg, tablet				
2	150	piece	Co- amoxiclav, 625 mg tablet				
3	100	piece	Clindamycin, 300 mg capsule				
4	400	piece	Amoxicillin trihydrate, 500 mg capsule				
5	25	piece	Loratidine, 10 mg tablet				
6	150	piece	Cetirizine Hydrochloride, 10 mg tablet				
7	2000	piece	Phenylpropanolamine Hydrochloride, 20mg, Chlorphenamine Maleate 2 mg, Paracetamol 500 mg tablet				
8	1500	piece	Paracetamol 500 mg tablet				
9	100	pack	Cottonbuds 200 tips/pack				
10	20	box	Sodium Ascorbate plus zinc, 500 mg/10mg, 100 tablets per box				
11	30	box	Multivitamins + Iron capsule, 100 capsules per box				
12	1000	piece	Mefenamic Acid, 500 mg capsule				
13	5	tube	Mupirocin 20mg/g ointment in 5 gram tube, topical antibacterial				
14	100	piece	Hyoscine N-Butylbromide, 10 mg tablet, Antispasmodic				
15	20	piece	Domperidone, 10 mg tablet, gastrokinetic/ antiemetic				
16	25	tube	Ketoconazole, 20mg/g ointment 15gram tube, antifungal				
17	20	ampoule	Bacillus Clausii, 2 billion/ 5ml, oral suspension, anti-diarrheal				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
18	20	piece	Levocetirizine + Montelukast, 10mg/5mg tablet, leukotriene receptor antagonist/antihistamine				
19	30	sachet	N- Acetylcysteine, 600 mg sachet, mucolytic				
20	30	piece	Butamirate Citrate, 50 mg tablet, cough suppressant/ antitussive				
21	30	piece	Celecoxib, 200 mg, Capsule				
22	30	piece	Ibuprofen, 200 mg, tablet				
23	30	piece	Salbutamol + Guaifenesin 2mg/100mg capsule, anti asthma/expectorant				
24	20	bottle	Permethrin, 50mg/ml (5%) lotion in 60 ml bottle, scabicide/pediculocide				
25	2	tube	Silver Sulfadiazine, 10 mg/g cream in 20g tube, antibacterial				
26	50	piece	Omeprazole, 40 mg capsule, proton pump inhibitor				
27	50	piece	Salbutamol, 2mg tablet, anti asthma				
28	2	bottle	Polymyxin B sulfate 10,000u + Neomycin Sulfate 3.5mg +Dexamethasone 1 mg, otic solution, antibacterial				
29	5	bottle	Hydrogen Peroxide 120 ml bottle				
30	5	pack	Gauze sponge pad, non sterile 4x4 ply				
31	20	bottle	Aceite de Manzanilla, 100ml bottle, antifatulent				
32	10	bottle	Hexetidine 0.1% oral antiseptic solution 120ml bottle				
33	20	bottle	Clobetasol Propionate + Ketoconazole 10mg/500mcg cream in 7gm bottle				
			<b>Place of Delivery:</b> Regional Rehabilitation Center for Youth, Candabong, Binlod Argao, Cebu				
<b>Total</b>							
<b>Approved Budget for the Contract: Php 140,265.00</b>				<b>Note:</b>			
End User: <b>RRCY</b>				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
<b>PURPOSE :</b> FOR RRCY RESIDENTS' USE FOR THE CY 2025							

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

  
**CHARL ALBERT J. TORREFIEL**  
 Canvasser

Signature of Supplier / Authorized Representative Over  
Printed Name

(page 2 of 2)