



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. : DSWD7-2025-0918
Date : June 19, 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 and 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 **June 24, 2025 at 5:00PM.**

Very truly yours,


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

Terms and Conditions:

- Award shall be made on per: ☐ item basis ☒ total quoted price ☐ lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **within 30 calendar days from receipt and conformity of Purchase Order.**
- Place of Delivery: **Home for Girls, Camomot Franza Rd., Brgy Labangon, Cebu City.**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- 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.
- 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.: DSWD7-2025-0918

Date: June 19, 2025

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 Supplies				
1	10	bottle	Amoxicillin, 250mg/5ml, powder for suspension, 60ml / bottle				
2	800	piece	Amoxicillin, 500mg, capsule				
3	1000	piece	Ascorbic Acid plus zinc, 500mg/15mg, capsule				
4	50	bottle	Bacillus Clausii, 2 billion/5ml oral suspension				
5	10	jar	Camphor, Menthol, Eucalyptus Oil, cold vaporizing ointment, at least 50g/jar				
6	200	piece	Carbocisteine, 500mg, capsule				
7	100	piece	Celecoxib, 200mg, capsule				
8	200	piece	Cetirizine hydrochloride, 10mg tablet				
9	200	piece	Dextromethorphan Hydrobromide + Phenylephrine Hydrochloride + Paracetamol, 15 mg / 10 mg / 325 mg, capsule				
10	200	piece	Doxycycline Hyclate, 100mg capsule				
11	200	piece	Famotidine + Calcium Carbonate + Magnesium Hydroxide, 10 mg/800 mg/165 mg, chewable tablet				
12	300	piece	Hyoscine N-butylbromide, 10mg tablet				
13	10	piece	Ketoconazole, cream, anti-fungal, at least 20mg per gram, at least 10g per tube				
14	200	piece	Loperamide, 2mg, capsule				
15	100	piece	Loratadine, 10mg tablet				
16	100	piece	Losartan Potassium, 50mg tablet				
17	500	piece	Mefenamic Acid, 500mg, capsule				
18	200	piece	Metronidazole, 500mg tablet				
19	10	bottle	Multivitamin plus mineral, syrup, at least 120ml/bottle				
20	50	piece	Omeprazole, 40mg tablet				
21	500	piece	Paracetamol, 500mg tablet				
22	6	bottle	Phenylpropanolamine Hydrochloride/ Chlorphenamine Maleate/Paracetamol, 6.25mg/500mcg/125mg per 5ml, at least 60ml per bottle				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
23	200	piece	Phenylpropanolamine Hydrochloride + Chlorphenamine Maleate + Paracetamol, 2mg/ 25mg/ 500 mg, tablet				
24	200	piece	Phenylephrine Hydrochloride + Chlorphenamine Maleate + Paracetamol, 10 mg / 2 mg / 500 mg, tablet				
25	50	bottle	Salbutamol, nebule, solution for inhalation, 1mg/ml				
26	10	bottle	Salbutamol, syrup, 2mg/5ml, at least 60ml per bottle				
27	40	sachet	Zinc Oxide plus Calamine, ointment, 3.5g per sachet				
Total							
Approved Budget for the Contract: Php 95,446.00				Note:			
End User: Home for Girls				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : For Home for Girls client use							

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)