



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. : DSWD7-2023-0133

Date : February 2, 2023

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**

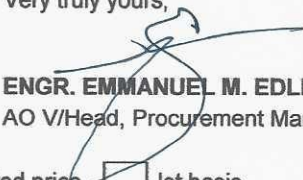
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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.f07@dswd.gov.ph on or before **February 7, 2023 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 days calendar from receipt and conformity of Purchase Order.**
- Place of Delivery: **RRCY, Brgy. Candabong Binlod, Argao, Cebu**
- 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: \_\_\_\_\_

  
**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. DSWD7-2023-0133

Date: February 2, 2023

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 the following:</b>				
1	100	tablet	Azithromycin, 500mg tablet				
2	150	tablet	Co-amoxiclav, 625 mg tablet				
3	150	capsule	Clindamycin, 300 mg capsule				
4	500	capsule	Cloxacillin Sodium, 500mg capsule				
5	800	capsule	Amoxicillin Trihydrate, 500mg capsule				
6	100	tablet	Loratidine 10 mg tablet				
7	100	tablet	Cetirizine Hydrochloride 10 mg tablet				
8	1,000	tablet	Phenylpropanolamine HCl 20 mg, Chlorphenamine Maleate 2mg, Paracetamol 500mg tablet				
9	100	capsule	Loperamide, 2mg capsule				
10	50	tablet	Meclizine HCl, 25mg, chewable tablet				
11	1,000	tablet	Paracetamol, 500mg tablet				
12	2	bottle	Tobramycin, 3mg/mL (0.3%) in 5mL bottle, sterile ophthalmic solution				
13	30	bottle	Precipitated Sulfur 3g + Zinc Oxide 3g + Resorcinol 3g + Salicylic Acid 1.50g, ointment in 90g jar				
14	25	bottle	Hexetidine 0.1% oral antiseptic in 120mL bottle				
15	40	bottle	Povidone Iodine 10% solution in 120mL bottle				
16	15	bottle	Povidone Iodine 7.5% skin cleanser in 120mL bottle				
17	50	pack	Cotton balls, 100 balls in a pack				
18	50	pack	Cotton buds, 200 tips/pack				
19	50	pack	Face mask, disposable, 50's, 3 ply with earloop				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
20	5	box	Gloves, clean, disposable, large 100pcs per box				
21	5	roll	Surgical Tape, 1 inch X 5 yards adhesive roll				
22	2,000	tablet	Ascorbic Acid, 500mg tab				
23	4,000	capsule	Multivitamins + Iron capsule				
24	1,000	capsule	Mefenamic Acid, 500mg capsule				
25	200	capsule	Cefalexin, 500mg capsule				
26	150	tablet	Ciprofloxacin, 500mg tablet				
27	5	tube	Mupirocin, 20mg/g ointment in 5 gram tube, topical antibacterial				
28	50	tablet	Famotidine, Calcium Carbonate, Magnesium Hydroxide, 10mg/800mg/156mg chewable tablet, advance, H2 receptor antagonist/antacid				
29	100	tube	Hyoscine N-Butylbromide, 10mg tab, antispasmodic				
30	25	tablet	Domperidone, 10mg tablet, gastrokinetic/antiemetic				
31	50	jar	Ketoconazole + Clobetasol Propionate, 10mg/500mcg per gram in 7g jar, antipruritic/anti-inflammatory				
32	50	tube	Bacillus Clausii, 2 billion/5mL oral suspension, antidiarrheal				
33	20	tablet	Metronidazole, 500mg tablet, amebeicide				
34	20	tablet	Metoclopramide, 10mg tablet, antiemetic				
35	5	bottle	Fluocinolone acetonide 250mcg, polymyxin B sulfate 10,000 u, neomycin sulfate 3.5mg, in 5mL otic solution bottle, anti-inflammatory/antibacterial				
Total:							
Approved Budget for the Contract: <b>Php 129,138.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>RRCY</b>							
PURPOSE : For RRCY Residents use for the CY 2023							

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

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

Signature of Supplier / Authorized Representative  
Over Printed Name

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