



Region XII  
Division Of General Santos City  
BIDS AND AWARDS COMMITTEE  
DEPARTMENT OF EDUCATION  
REQUEST FOR QUOTATION



Date October 04, 2023  
Quotation No. RFQ 2023-10-212

(Company Name) \_\_\_\_\_  
(Address) \_\_\_\_\_

Please quote your lowest price on the items listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative no later than \_\_\_\_\_ in the return envelope attached herewith.

*for signature*  
**CARLOS G. SUSARNO PhD, CESE**  
BAC CHAIRMAN

- NOTE:**
- 1 PLS. PRINT ALL ENTRIES
  - 2 DELIVERY PERIOD WITHIN \_\_\_\_\_ CALENDAR DAYS
  - 3 WARRANTY SHALL BE FOR A PERIOD OF SIX(6) MOS. FOR SUPPLIES & MATERIALS, ONE(1) YR. FOR EQUIPMENT.
  - 4 FROM THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY
  - 5 PRICE VALIDITY SHALL BE FOR A PERIOD OF \_\_\_\_\_ CALENDAR DAYS
  - 6 G-GPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
  - 7 BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED
  - 8 BIDDERS SHALL SUBMIT INDIVIDUAL BID PRICE.

ITEM NO.	Item description	unit	quantity	Approved Budget for the Contract		Brand	BID AMOUNT	
				Unit Cost	Total		Unit Cost	Total
Purchase of Medicines for the Central Clinic								
1	Paracetamol 250mg/5ml Syrup	bottle (60ml)	60	95.00	5,700.00			
2	Paracetamol 500mg/tab	tablet (10s)	60	60.00	3,600.00			
3	Metformin Acid 250mg/cap	tablet (10s)	60	70.00	4,200.00			
4	Simeticone 40mg/tab	tablet (10s)	30	115.00	3,450.00			
5	Dicycloverine HC1 10mg/5ml	bottle (60ml)	22	255.00	5,610.00			
6	Cetirizine 10mg/tab	tablet (10s)	62	20.05	1,243.10			
7	Cetirizine 5mg/5ml Syrup	bottle (30ml)	60	250.00	15,000.00			
8	Domperidone 5mg/5ml Susp	bottle (60ml)	22	400.040	8,880.90			
9	Ibuprofen 100mg/5ml	bottle (60ml)	60	120.00	7,200.00			
				<b>GRAND TOTAL</b>				<b>54,884.00</b>

Brand and Model  
Delivery Period  
Warranty  
Price Validity

DepEd Division of General Santos City  
*Name of the Procuring Entity*

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above

REFERENCE	
PR #	2023-10-212
DATE	October 04, 2023

Printed Name/Signature

Tel. No./Cellphone No. email address

DepEd-GS-CBAC  
PHILGEPS REF. No.

Closing Date: \_\_\_\_\_ Date Published: \_\_\_\_\_ Date \_\_\_\_\_ Closing Date: **8:00:00 am**





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Name of the Procuring Entity

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PR #	2023-10-212
DATE	October 04, 2023

Printed Named Signature \_\_\_\_\_  
Tel. No./Cellphone No. email address \_\_\_\_\_  
Date \_\_\_\_\_

DepEd-GSC-BAC  
PHILGEPS REF. No. \_\_\_\_\_

Closing Date: \_\_\_\_\_ Date \_\_\_\_\_ 8:00:00 am

