

  
 Republic of the Philippines  
**Department of Education**  
 Division Office of Zamboanga Sibugay  
**REQUEST FOR QUOTATION**  
 No. : 2024-11-012

November 20, 2024

**To: All Eligible Bidders**

1. Please quote your lowest price inclusive of VAT on the items listed below, subject to the Terms and Conditions of this RFQ. Submit your quotation duly signed by your authorized representative at the DepEd Division Office of Zamboanga Sibugay, Pangil, Zamboanga Sibugay not later than **25 NOV 2024**. Receipt of at least one (1) of this quotation is sufficient to proceed with the evaluation.

**2. Terms and Conditions**

- a. All entries must be READABLE/ TYPEWRITTEN
- b. Please fill up the blank section/ columns (Unit price, total price including the grand total).
- d. Price validity must be within sixty (60) calendar days.

Note: Eligibility requirements must be attach in every Request for Quotation and duly authenticated or certified true copy for the following documents:

- Mayor's Permit
- Philgeps Registration Member
- Income/Business Tax Return for ABC's with 500,000.00 and above
- Omnibus Sworn Statement for ABC's with 50,000.00 (for winning bidder)

c. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment and other services from date of acceptance by the procuring entity.

**FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.**

3. Quotation that exceeds the Approved Budget for the Contract (ABC) shall be automatically disqualified.

  
**MA. COLLEEN L. EMORICHA, EdD., CESO VI**  
 DAC Chairman

Note: The Head of the Procuring Entity reserves the right to review the quotation of the bidders and reject any and all bids, declare the failure of the procurement process at any time prior to the contract award or not to award the contract pursuant to existing guidelines, without incurring any liability.

Please return in sealed envelope and indicate the RFQ number.

Item No.	Unit	Item Specification	Quantity	Unit Price	Total Price
	box	Paracetamol 500mg Tablet	17		
	box	Mefanamic Acid 500mg Capsule	17		
	box	Mefanamic Acid 250mg Capsule	17		
	box	Amoxicillin 500mg Capsule	17		
	box	Amoxicillin 250mg Capsule	17		
	box	Symdex Tablet	17		
	box	Carbocistine Capsule/ Ambroxol Tablet	17		
	box	Lagundi, 600mg/Tab., 100's/box	17		
	sachet	Calmoseptine Ointment, Zinc Oxide+Calamine, 3.5g	17		
	box	Aluminum Magnesium Tablet	17		
	box	Dicycloverine, 100's/box	17		
	box	Cetirizine, 10mg, 100's/box	17		
	box	Captopril Tablet	17		
	box	Loperamide Capsule	17		
	bottle	Rubbing Alcohol 500ml	17		
	bottle	Efficascent Oil, 50ml/bot.,extra strength	17		
	piccc	Petroleum Jelly 50 grams	17		
	tube	Antibacterial Ointment for wound	17		
	bottle	Betadine 120ml/bot	17		
	piece	Elastic Bandage 2"x5 yards	17		
	piece	Elastic Bandage 4"x5 yards	17		
	box	Oresol (Hydrite Flavored)	17		
	bottle	NSS 0.9 sodium chloride irrigation, 500ml/bot.	17		
	piece	Systance Eye Drops Solution	17		
	piece	Otic Drops Solution for ears (antibacterial)	17		
	piece	Ophthalmic Drops Solution (Antibacterial)	17		
	pack	Gauze Bandage Pads, 4x4 (100s/pack), Non-sterile	17		
	piccc	Leukoplast Plaster 7.5" x 5m	17		
	piece	Ice pack/bag (for Hot & Cold), 11x9x6 inches	17		
	pack	Cotton Balls, 100 balls/pack	17		
	pack	Cotton Buds, 200s/pack	17		
	pack	Cotton 400 grams/pack	17		
		*****nothing follows*****			
		<b>Note: Expiration of medicines MUST BE year 2027 onward</b>			
	ABC	99,620.00			
<p><b>Purpose:</b> School Health &amp; Nutrition Section SDIUCP medical supplies to be utilize by the 16 district school clinics and division office clinic for school year 2024-2025. c/o DR. NANCYS. CICHON, School health and nutrition section.</p>					
Supplier's Company Name:			Date:		
Address:			Tel. No.:		
TIN Number:			C.R. No.:		
Supplier's Signature (over Printed Name):			Email Add:		
			Fax No.:		



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