

November \_\_\_\_\_, 2020

Republic of the Philippines  
Province of Bohol  
Municipality of Duero

RFO No. 2020 \_\_\_\_\_

### REQUEST FOR QUOTATION

Please quote your lowest price on the items listed below, subject to the General Conditions on the last page, starting the shortest time of delivery and submit your quotation in the return envelope attached

**SUBJECT: INVITATION TO QUOTE PRICE OF GOODS**

Procurement Officer

Dear Sir/Ma'am: be typewritten from column 1 to 4

Delivery period \_\_\_\_\_ calendar days

Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment, from

\_\_\_\_\_ calendar days

We are interested in the Project: **PURCHASE OF VARIOUS MEDICINES- Duero, Bohol.**

Please quote your ordinary unit price for supplying these goods together with your discount for volume purchases.

Please also indicate:

a) Whether your quotes are inclusive or exclusive of sale taxes; if not otherwise stated, we will assume your quotes are inclusive of sales taxes;


b) Delivery from time receipt of our purchase order to receipt of your shipment, this timeframe will be a condition of any purchase order made;

c) If delivery cost are include in your quotes, your price for pick-up at our separate cost, if delivery cost are not included in your quotes, please state this clearly otherwise we will assume they are included;

d) Your terms of payment.

All price quotation must be firm and state when they expire.

Sincerely,

  
ENGR. ERIFANIO C. BAGHUCAN  
BAC Chairman

ITEM & DESCRIPTION	QTY.	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE
1. Paracetamol 500mg	30	boxes		
2. Ibuprofen 200mg	14	boxes		
3. Paracetamol 500mg	50	boxes		
4. Ibuprofen 200mg	10	boxes		
5. Paracetamol 500mg	30	boxes		
6. Ibuprofen 200mg	77	boxes		
7. Paracetamol 500mg	15	boxes		
8. Ibuprofen 200mg	5	boxes		
9. Paracetamol 500mg	10	boxes		
10. Ibuprofen 200mg	10	boxes		
11. Paracetamol 500mg	10	boxes		
12. Ibuprofen 200mg	10	boxes		
13. Paracetamol 500mg	10	boxes		
14. Ibuprofen 200mg	10	boxes		
15. Paracetamol 500mg	77	boxes		

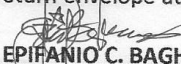


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RFQ No. 2020-

## REQUEST FOR QUOTATION

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, starting the shortest time of delivery and submit your quotation in the return envelope attached herewith.

  
**ENGR. EPIFANIO C. BAGHUCAN**  
Procurement Officer

- NOTE: 1. All entries must be typewritten from column 1 to 4  
2. Delivery period \_\_\_\_\_ calendar days  
3. Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment, from  
4. Price validity shall be for a period of \_\_\_\_\_ calendar days  
5. G-EPS registration certificate shall be attached upon submission.  
6. Bidder shall submit original brochures showing certifications of the product being offered  
7. If Drugs & Medicines – refer COA Circular 2012-001

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT OF ISSUE	UNIT PRICE	TOTAL PRICE
1	Al/Mag susp.60ml	30	bots		
2	Al/Mag tab	20	boxes		
3	Amoxicillin 500mg cap	14	boxes		
4	Ascorbic Acid	72	bots		
5	Ascorbic acid tab	30	boxes		
6	Ascorbic Acid drops	50	bots		
7	Cefalexin 250mg/5ml susp. 60 ml	72	bots		
8	Cefalexin 500mg cap	7	boxes		
9	Cetirizine tab 100's/box	10	boxes		
10	Cetirizine drops	30	bots		
11	Chlorphenamine syrup 60ml	72	bots		
12	Cotrimoxazole susp	15	bots		
13	Cotrimoxazole tab forte	5	boxes		
14	Diclofenac sodium tab 50mg tab	10	boxes		
15	Ibuprofen tab	5	boxes		
16	Azithromycin 500 mg tab	30	tabs		
17	Mefenamic Acid 500mg	10	boxes		
18	Mefenamic Acid susp.	10	bots		
19	Multivitamins tab	10	boxes		
20	Multivitamins syrup 60ml	72	bots		

21	Paracetamol syrup	144	bots		
22	Paracetamol tab	20	boxes		
23	Salbutamol syrup 60 ml	288	bots		
24	Tranexamic cap	1	box		
25	terbutaline solution	1	bot		
26	Vit. B Complex tab	10	boxes		

Brand Model : \_\_\_\_\_  
 Delivery Period : \_\_\_\_\_  
 Warranty : \_\_\_\_\_  
 Price Validity : \_\_\_\_\_

After having read and accepted your General Conditions, I/We hereby certify that the above supplies

\_\_\_\_\_  
*Printed Name/ Signature*

\_\_\_\_\_  
*Tel. No./ Cellphone No. / E-mail address*

\_\_\_\_\_  
*Date*

All prices are in US Dollars and state when they apply.

Sincerely,

ENGR. ENI. T. SACHUCAN  
 SAC Chairman