



Republic of the Philippines  
**DEPARTMENT OF FINANCE**  
Roxas Blvd. corner P. Ocampo St., 1004 Manila

## REQUEST FOR QUOTATION

Date : April 10, 2025

Purchase Quotation No. : 2025-04-0040

Gentlemen :

Please quote your lowest price on the item listed below, subject to the General Conditions at the back hereof and submit your quotation duly signed by your representative in sealed envelope direct to the Bids and Awards Committee (BAC) Chairperson or thru the authorized canvasser of this Department not later than \_\_\_\_\_ the time and date of the opening of the sealed quotation.

  
ALVIN P. DIAZ, Director IV  
Central Administration Office

QUANTITY	UNIT	ARTICLE / MERCHANDISE / SPECIFICATION	UNIT PRICE	TOTAL
100	tab	Amlodipine 20mg + Perindopril arginine 5mg + Atorvastatin 5mg	49.50	4,950.00
1000	tab	Bacillus Clausli	24.48	24,480.00
10	btI	Calamine Dipenhydramine, 30ml	154.37	1,543.70
100	cap	Captopril, 25mg	12.46	1,246.00
1000	tab	Cetirizine+Phenylephrine, 10mg	29.46	29,460.00
1500	cap	Co-Amoxiclav, 625mg	47.87	71,805.00
100	tab	Dapagliflozin/Metformin HCl 10/1000	75.08	7,508.00
10	btI	Diclofenac Gel, 20g	441.87	4,418.70
300	tab	Febuxostat 40mg, Urinorm	36.30	10,890.00
30	btI	Hexetidine, 500ml	769.73	23,091.90
700	tab	Hyoscine Butylbromide+Paracetamol	43.25	30,275.00
500	sac	Loperamide, 2mg	21.53	10,765.00
500	tab	Losartan K, 50mg+Amlodipine Besylate, 5mg	27.42	13,710.00
200	tab	Losartan K 100mg+Amlodipine 10mg+Hydrochlorothizide 12.5	37.75	7,550.00
350	pack	Dichlorobenzyl alcohol amylmetacresol	72.87	25,504.50
2000	cap	Mefenamic acid, 500mg	36.25	72,500.00
50	cap	Metoprolol tartate, 50mg	6.23	311.50
30	btI	Mouth Wash, 500ml	315.00	9,450.00
500	pack	Oral Rehydration Salt	19.54	9,770.00
1000	cap	Ibuprofen 200mg	11.00	11,000.00
1000	tab	Phenylephrine HCl 10mg+Paracetamol 500mg	6.75	6,750.00
2000	tab	Phenylephrine HCl+Chlorphenamine+Paracetamol 10mg/2mg/500mg	10.00	20,000.00
100	cap	Rosuvastatin 20mg	31.16	3,116.00
350	tab	Simethicone, Aluminum Hydroxide 178mg/233mg/30mg	9.63	3,370.50
98	tab	Sitagliptin+Metformin HCl 100mg/1g	70.81	6,939.38
700	sac	Sodium alginate+Calcium carbonate+NaHCO <sub>3</sub> , 10ml	37.68	26,376.00
1	btI	Sulfonated Phenolics and Sulfuric Acid, Debacterol	1,925.00	1,925.00
15	neb	Salbutamol Nebules	50.05	750.75
300	cap	Tranexamic acid, 500mg, Hemostan	48.75	14,625.00
All medicines should be FDA Approved, and valid for 2 years minimum upon delivery.				

QUANTITY	UNIT	ARTICLE / MERCHANDISE / SPECIFICATION	UNIT PRICE	TOTAL
		<p><b>NOTE: Please include the following required documents upon submission of your proposal for evaluation purposes:</b></p> <p><b>1. Mayor's/Business Permit</b></p> <p><b>2. PhilGEPS Registration Number</b></p> <p><small>**For the bidder/s with Platinum Membership who opt to submit PhilGEPS Certificate, the validity of the Class "A" eligibility documents specified in Section 8.5.2 of the Revised IRR of RA 9184 shall remain current and updated.</small></p> <p>Additional required document to be submitted by the winning supplier before the issuance of Purchase Order (PO):</p> <p><b>3. Duly Notarized Omnibus Sworn Statement (OSS)</b></p>		
				<b>454,081.93</b>

page 2 of 2

After having carefully read and accepted your General conditions, I/we quote you on the item at prices noted above and bind ourselves to deliver the above articles/merchandise within \_\_\_\_\_ calendar days from receipt of your valid Purchase Order (PO). The quotation are good only up to \_\_\_\_\_.

Canvassed by :

\_\_\_\_\_

Supplier : \_\_\_\_\_

By : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

TIN : \_\_\_\_\_



Republic of the Philippines  
**DEPARTMENT OF FINANCE**  
Roxas Blvd. corner P. Ocampo St., 1004 Manila

## REQUEST FOR QUOTATION

Date : April 10, 2025

Purchase Quotation No. : 2025-04-0040

Gentlemen :

Please quote your lowest price on the item listed below, subject to the General Conditions at the back hereof and submit your quotation duly signed by your representative in sealed envelope direct to the Bids and Awards Committee (BAC) Chairperson or thru the authorized canvasser of this Department not later than \_\_\_\_\_ the time and date of the opening of the sealed quotation.

ALVIN P. DIAZ, Director IV  
Central Administration Office

QUANTITY	UNIT	ARTICLE / MERCHANDISE / SPECIFICATION	UNIT PRICE	TOTAL
100	tab	Amlodipine 20mg + Perindopril arginine 5mg + Atorvastatin 5mg		
1000	tab	Bacillus Clausli		
10	btl	Calamine Diphenhydramine, 30ml		
100	cap	Captopril, 25mg		
1000	tab	Cetirizine+Phenylephrine, 10mg		
1500	cap	Co-Amoxiclav, 625mg		
100	tab	Dapagliflozin/Metformin HCl 10/1000		
10	btl	Diclofenac Gel, 20g		
300	tab	Febuxostat 40mg, Urinorm		
30	btl	Hexetidine, 500ml		
700	tab	Hyoscine Butylbromide+Paracetamol		
500	sac	Loperamide, 2mg		
500	tab	Losartan K, 50mg+Amlodipine Besylate, 5mg		
200	tab	Losartan K 100mg+Amlodipine 10mg+Hydrochlorothizide 12.5		
350	pack	Dichlorobenzyl alcohol amylmetacresol		
2000	cap	Mefenamic acid, 500mg		
50	cap	Metoprolol tartate, 50mg		
30	btl	Mouth Wash, 500ml		
500	pack	Oral Rehydration Salt		
1000	cap	Ibuprofen 200mg		
1000	tab	Phenylephrine HCl 10mg+Paracetamol 500mg		
2000	tab	Phenylephrine HCl+Chlorphenamine+Paracetamol 10mg/2mg/500mg		
100	cap	Rosuvastatin 20mg		
350	tab	Simethicone, Aluminum Hydroxide 178mg/233mg/30mg		
98	tab	Sitagliptin+Metformin HCl 100mg/1g		
700	sac	Sodium alginate+Calcium carbonate+NaHCO <sub>3</sub> , 10ml		
1	btl	Sulfonated Phenolics and Sulfuric Acid, Debacterol		
15	neb	Salbutamol Nebules		
300	cap	Tranexamic acid, 500mg, Hemostan		
All medicines should be FDA Approved, and valid for 2 years minimum upon delivery.				

QUANTITY	UNIT	ARTICLE / MERCHANDISE / SPECIFICATION	UNIT PRICE	TOTAL
		<p><b>NOTE: Please include the following required documents upon submission of your proposal for evaluation purposes:</b></p> <p><b>1. Mayor's/Business Permit</b></p> <p><b>2. PhilGEPS Registration Number</b></p> <p><small>**For the bidder/s with Platinum Membership who opt to submit PhilGEPS Certificate, the validity of the Class "A" eligibility documents specified in Section 8.5.2 of the Revised IRR of RA 9184 shall remain current and updated.</small></p> <p>Additional required document to be submitted by the winning supplier before the issuance of Purchase Order (PO):</p> <p><b>3. Duly Notarized Omnibus Sworn Statement (OSS)</b></p>		

page 2 of 2

After having carefully read and accepted your General conditions, I/we quote you on the item at prices noted above and bind ourselves to deliver the above articles/merchandise within \_\_\_\_\_ calendar days from receipt of your valid Purchase Order (PO). The quotation are good only up to \_\_\_\_\_.

Canvassed by :

\_\_\_\_\_

Supplier : \_\_\_\_\_

By : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

TIN : \_\_\_\_\_



## **GENERAL CONDITIONS**

1. The bidders are required to submit brochures, literatures, pictures and technical data pertaining to the brand and model of the equipment being offered.
2. The quotation will not be considered unless it is properly signed by the bidder's authorized representative.
3. All prizes quoted herein are valid and binding for a period of sixty (60) days.
4. Bidder shall be responsible for the source of his equipment.
5. Subject to the provisions of the preceeding paragraph, where awardee has accepted a Purchase Order (PO) but fails to deliver the required products within the time called for in the same order, he must return the order accompanied by written explanations within the period of delivery of the merchandise. Thereafter, if the awardee has not completed delivery within the period, the subject PO shall be cancelled and the award shall be withdrawn from that supplier. The DOF shall then purchase the required item from such other sources as it may determine, with the price difference to be charged against the defaulting awardee.
6. The DOF reserves the right to reject any or all quotations, to waive any formality therein or to accept such quotations as may be considered most advantageous to the government.