

Republic of the Philippines MOUNTAIN PROVINCE STATE POLYTECHNIC COLLEGE

Bontoc Campus

Bontoc, Mountain Province

RFQ No.:

23-10-125HS

Issuance of RFQ:

REQUEST FOR QUOTATION

Tax Identification Numb Business Address: Contact Number:

SIR/MADAM:

Please quote your lowest price for the following items enumerated below, taking into consideration the following:

- TERMS AND CONDITIONS
- 1. The Approved Budget for the Contract (ABC) is
- 2. Price Quotation should be inclusive of the 5% Final VAT and expanded withholding tax (EWT) of 1%.
- 3. Price Quotation shall be valid within thirty (30) calendar days from the deadline of submission of RFQ.
- 4. Delivery period is within ten (10) calendar days from receipt of Purchase Order.
- 5. If awarded the contract, processing and payment shall be made after complete delivery of services/supplies and final acc
- 6. Refusal to accept an award maybe ground for imposition of administrative sanctions under Rule XXIII of the Revised
- 7. Place of delivery Supply and Property Management Office, Bontoc Campus.

QTY	UNIT	entity may terminate the contract, in whole or in part, at anytime for DESCRIPTION	UNIT PRICE	TOTAL
		MEDICAL		
8	tubes	Povidone - Iodine 2.5% Dry Powder Spray (BETADINE)		
35	bxs.	Cephalexin, 500 mgs.(100/bx.)		
25	bxs.	Sodium Ascorbate, 500 mgs (100/bx.)		
20	pcs	Hand soap, antibacterial (preferably safeguard)B/S		
10	packs	Cotton buds (100/pack)		
6	pcs	Non-contact infrared thermometer		
5	sets	Blood Pressure Apparatus w/ sphygmomanometer (HD)		
1	bxs.	Co-amoxiclav (100/bx)		
5	units	Rechargeable Pulse Oximeter (SPO2) PR Blood Oxygen		
		Finger Pulse with Storage Bag (Heavy Duty)		
1	box	Alkaline Battery, AA (20 pcs./bx.) preferrably Maxell		
1	box	Alkaline Battery, AAA (20 pcs./bx.)preferrably maxell		
10	boxes	Lagundi tabs (300 mgs)(100/bx.)		
15	boxes	Ibuprofen - 200 mg (100/bx.)		
5	bxs.	Loperamide, 2 mg capsule (100/bx.)		
		DENTAL		
2	tubes	Dental prophylactic gel		
5	bxs.	Lidocaine HCL Epenephrine (50 x.1.8 ml. cartridge)		
1	sets	Complete set of light cure flowable restorative mat		
		Shade: A2 and A3 with bonding agents acid etch		
4	bot.	Gel Foam Dental Packs, absorbent gelatin sponge, USP		
10	bxs.	Cephalexin, 500 mgs.(100/bx.)		
6	bxs.	Sodium Ascorbate, 500 mgs (100/bx.)		
6	bxs.	Mefenamic acid, 500 mgs.		

4	bot.	Gel Foam Dental Packs, absorbent gelatin sponge, USP		
10	bxs.	Cephalexin, 500 mgs.(100/bx.)		
6	bxs.	Sodium Ascorbate, 500 mgs (100/bx.)		
6	bxs.	Mefenamic acid, 500 mgs.		
2	2. Please indi	nould not exceed the Approved Budget for the Contract, otherwise cate the total amount of your bid. e of a Landbank Account will deny you the opportunity to this bid		
H 2 4	Please submit i 1. <i>Mayor's Per</i> 2. <i>PhilGEPS r</i> All sealed quota	ppliers are invited to pick up Request for Quotation papers on	g requirements:	Office.
=	Date		EDGAR (College Pr	(C-1)
		stood the Terms & Conditions stated above. I hereby agree and bind myself to the Terms & Conditions.		t
Signatur	e:			
Printed N	lame:			
Business	s/Trade Name:			
Landban	k Account No:			



SIR/MADAM:

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- 6. Refusal to accept an award maybe ground for imposition of administrative sanctions under Rule XXIII of the Revised
- 7. Place of delivery Supply and Property Management Office, Bontoc Campus.

 8. The procuring entity may terminate the contract, in whole or in part, at anytime for unsatisfactory service.

TY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
5	tubes	Sensodyne Toothphaste		
1	bx.	Dental needle		
		OTHERS		
35	tubes	Alcohol spray (GERM KILL), 500 ml, (Hygienex)		
25	bxs.	Face mask		
		At least more than 2 years before expiration for med	icines	

3. The absence of a Landbank Account will deny you t	
All qualified suppliers are invited to pick up Request for Qu	otation papers on, 2023 at the BAC Secretariat
Please submit in person or authorized representative your	quotation with the following requirements:
1. Mayor's Permit/Business Permit	
2. PhilGEPS registration Certificate	
All sealed quotations must be submitted on or before	2023 at 5:00 PM at the BAC Secretariat Office.
Mountain Province State Polytechnic College reserves the r	ight to accept or reject any or all quotations and impose
	(Open

I have read and understood the Terms & Conditions stated above. By signing this quote, I hereby agree and bind myself to the Terms & Conditions.

Signature:	
Printed Name:	
Business/Trade Name:	
Landbank Account No:	
Tax Identification Number:	
Business Address:	
Contact Number:	

Date

Canvasser

EDGAR G. CUE College President