



REQUEST FOR QUOTATION (RFQ)
(ALL ENTRIES ARE MANDATORY)

Name of Owner/ Corporation/ Cooperative/ Agency: _____

Name of Business: _____ QUOTATION NO. 1187

Address: _____ DATE: SEP 11 2024

Telephone No. _____ P.R. NO. 2024-08-1394

Email address: _____ ABC: Php. 56,000.00

FUND SOURCE: GAA

The Benguet State University through its Bids and Awards Committee will undertake NP-SVP for the item/s listed below under the following terms and conditions:

- All entries must be written legibly and accurately.
- Delivery period is within 15 calendar days.
- Warranty period shall be for a minimum of three months, in case of expendable supplies, and a minimum of one year in case of non-expendable supplies from date of acceptance by the University.
- Price validity shall be for a period of 30 calendar days.
- Compliance with specifications: Kindly specify in the column provided below whether the offer fully complies with the specifications or a counter offer.
- Deadline of submission of quotation is on or before 5:00 pm of Sep. 23, 2024. Offers may be submitted in sealed or open quotation in person, or through facsimile (074-661-1839) or email (procurement@bsu.edu.ph)
- The item/s shall be procured by: _____ a) line item; _____ b) lot; _____ c) sub-lot
- Business Permit Number: _____, date of issue: _____, place of issue: _____, date of OR: _____
 _____ (if renewal of Business Permit is still on process, please indicate OR No: _____, date of OR: _____)
 _____ for the payment of renewal).
- PhilGEPS Registration Number: _____

SAMUEL S. POLIDEN
 Chairperson, BAC (Goods & Services)

College/Dept./Office: **UHS-MEDICAL CLINIC**

Item No.	Qty	Unit	Item	Technical Specifications (Brand and Model)		ABC	Unit Cost	Total Cost
				COMPLY	COUNTER OFFER			
1	5	box	Dextromethorphan HBr; Phenylephrine HCL; Paracetamol; 15mg/10mg/325mg/cap; 100cap/box; 4's per foil pack; FDA registered; at least 1 year 6 months expiry date from date of delivery			5,500.00		
2	1	box	Hyoscine N-Butylbromide; 10mg/tab; 120 tab/box; expiry date: at least 18 months from date of delivery; can be replaced by supplier 6 months before the expiry date			4,000.00		
3	5	box	Ibuprofen + Paracetamol; 200mg/325mg/cap; 100 capsule/box; at least 18 months from date of delivery; can be replaced by supplier 6 months before the expiry date			6,000.00		
4	5	box	Mefenamic Acid 500mg/tab; film coated tablet; 100 tablet/box; Alu/PVC Blister Pack x 10's; FDA registered; at least 1 year and 6 months expiry date from date of delivery.			19,000.00		
5	5	box	Omeprazole; 40 mg/tab; 30 tab/box; expiry date: at least 18 months from date of delivery; can be replaced by supplier 6 months before the expiry date			7,500.00		
6	5	box	Paracetamol 500mg/tablet; 500tab/box; 20 tablet per blisterpack; FDA registered; at least 1 year and 6 months expiry date from date of delivery			13,000.00		
OVERALL TOTAL							56,000.00	

Counter offers:

Delivery Period: _____

Warranty: _____

Price Validity: _____

We hereby submit our quotations, accept the general conditions for the above items and be bound by our offer.

Signature over Printed Name

Date and Time of Receipt of RFQ

* Not a ground for disqualification for failure to indicate but required as a condition for award.