



Republic of the Philippines  
**Benguet State University**  
 2601 La Trinidad, Benguet  
 www.bsu.edu.ph  
 Telefax No. (074) 661-1839; Email: procurement@bsu.edu.ph

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

Name of Owner/ Corporation/ Cooperative/ Agency: \_\_\_\_\_

QUOTATION NO. 69

Name of Business : \_\_\_\_\_

DATE: FEB 16 2025

Address: \_\_\_\_\_

P.R. NO. : 2025-02-137

Email address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

ABC: Php. 56,937.00

FUND SOURCE: GAA

The Benguet State University through its Bids and Awards Committee will undertake NP-Small Value Procurement 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 Feb. 24, 2025. 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: \_\_\_\_\_, (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. POLDEN**  
 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			
<b>MEDICINES</b>								
1	6	box	Celecoxib 200mg/capsule; Blister Pack x 10's Box of 60's; FDA registered; at least 1 year and 6 months expiry date from date of delivery.			18,000		
2	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			6,500.00		
3	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		
4	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		
5	2	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			5,200.00		
6	5	box	Phenylephrine HCl, Chlorphenamine Maleate, Paracetamol; 10 mg / 2 mg / 500 mg; Alu/PVC Blister Pack x 10 Tablets; FDA approved; at least 1 year and 6 months expiry date from date of delivery			17,237.00		
<b>OVERALL TOTAL</b>						<b>56,937.00</b>		
xxxxxxxxxx								

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.