

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
Government Center, Mankilam, Tagum City



REQUEST FOR QUOTATION

[Shopping B (Regular Purchase)]

Control No. :



PR Number
2025020997
R0

Quotation No. : **C20250504**
Old RFQ No. : **N/A**
Date : **Feb 14, 2025**
Page : **Page 1 of 3**

The Provincial Government of Davao del Norte intends to procure the hereunder item/s in accordance with the pertinent provisions of the Republic Act 9184 and its Implementing Rules and Regulations.

Please quote your best offer for the item described herein, subject to the Terms and Conditions provided at the last page of this RFQ. Should the Bids and Awards Committee find your price lowest and responsive; you will be officially notified through issuance of a Notice of Award (NOA) and a Purchase Order (PO). The Provincial Government of Davao del Norte reserves the right to accept or reject any bid, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance to Section 35.6 and Section 41 of the 2016 Revised IRR of RA 9184.

I.N.	Quantity/Unit	Item	Quotation		
			Brand	Unit Price	Total Amount
1	2.00 PC	IV TUBING			
2	5.00 Bottle	Multivitamins per 5 mL, 120 mL Syrup			
3	3.00 BOX	LOSARTAN 50 MG TAB 100'S			
4	50.00	Budesonide 250 mcg/mL, 2 mL Respiratory Solution			
5	10.00 Bottle	Erythromycin 200 mg/5 mL, 60 mL Suspension (As Ethyl Succinate)			
6	1.00 BOX	Paracetamol Propyphenazone Caffeine 250mg/150mg/50mg tablet 100's			
7	5.00 GAUGE	IV CATHETER GAUGE 24- 2 GAUGE 22 -2 GAUGE 20 1			
8	100.00 TAB	DOXYCYCLINE 100 G TAB # 210			
9	20.00 BOX	Disposable syringe 1 ml 100 pcs			
10	20.00 ML	FIBER GLASS SYRINGE 10ML			
11	2.00 PC	1L PLR			
12	99.00 PC	Co -Amoxiclav (Amoxicillin + Clavulanic Acid) 500 mg + 125 mg Tablet			
13	5.00 Bottle	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 400 mg + 57 mg/5 mL, 70 mL Oral Suspension			
14	3.00 PC	PROLENE 4-0 CUTTING			
15	20.00 AMP	TETANUS TOXOID			
16	4,000.00 Tablet	Multivitamins			
17	50.00 Tablet	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 1 g Tablet			
18	200.00 Tablet	. Cetirizine 10 mg			
19	200.00 Tablet	Paracetamol 500mg Tablet			
20	5.00 Bottle	Cefuroxime 250 mg/5 mL, 60 mL Suspension			
21	200.00 Tablet	Cefuroxime 500 mg			

NAME OF ESTABLISHMENT _____

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22	5.00 Bottle	Paracetamol 250mg/5ml, 60ml Oral Suspension Bottle	_____	_____	_____
23	20.00 PC	5 CC SYRINGE	_____	_____	_____
24	10.00 BOX	ORAL REHYDRATION SALT 100'S	_____	_____	_____
25	100.00 CAPSULE	Eomeprazole 40mg	_____	_____	_____
26	5.00 Bottle	Cetirizine 5 mg/5 mL, 30 mL Syrup	_____	_____	_____
27	20.00 Bottle	Povidone Iodine (Solution) 10%, 1 gallon Bottle	_____	_____	_____
28	1.00 BOT	Dextrose in Water 5%, 1 L Solution for Injection Bottle	_____	_____	_____
29	50.00 Bottle	Ipratropium + Salbutamol 500 mcg (As Bromide Anhydrous) + 2.5 mg (As Base) x 2.5 mL (unit dose) Respiratory Solution	_____	_____	_____
30	5.00 Bottle	Cefixime 100 mg/5 mL, 60 mL Suspension	_____	_____	_____
31	20.00 box	DISPOSABLE SYRINGE 5 MI 100pcs	_____	_____	_____
32	10.00	GAUZE	_____	_____	_____
33	5.00 Tube	Mupirocin 2%, 15 g Cream	_____	_____	_____
34	2.00 BOX	Mefenamic Acid 500 mg	_____	_____	_____
35	10.00 BOX	Clindamycin 300G CAP 100'S	_____	_____	_____
36	5.00 Bottle	Ibuprofen 200 mg/5mL, 60 mL Bottle	_____	_____	_____
37	130.00 TAB	Cefixime 400MG BRANDED	_____	_____	_____
38	2.00 PC	1L PNSS	_____	_____	_____
39	20.00 PC	1 CC SYRINGE	_____	_____	_____
40	1.00 BOX	Mefenamic Acid 250 mg	_____	_____	_____
41	200.00 Sachet	ACETYLCYSTEINE 100 mg Sachet	_____	_____	_____
42	20.00 Bottle	HYDROGEN PEROXIDE 3%, 120ml SOLUTION	_____	_____	_____
43	2.00 PC	ARM SLING	_____	_____	_____

Grand/Lot Total: _____

REMARKS : Must be an Innovator Drugs.

FOR DAVRAA TRAINING, Local School Board

APPROVED BUDGET FOR THE CONTRACT (ABC) : **₱90,000.00**

OPENING DATE AND TIME OF BIDDING: **February 20, 2025 9:00 am**

Place of Delivery : **ON SITE**

Delivery Term : **10 Calendar Days**

General Terms & Conditions :

1. Bidders shall provide correct and accurate information required in this form and shall quote for all the items, considering that this **procurement is for lot awarding, otherwise, the RQF will be rejected.**

NAME OF ESTABLISHMENT _____

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2. Price quotation/s must be valid for a period of ninety (90) calendar days from the date of submission. In case the Provincial Government of Davao del Norte will officially notify that the items will be procured from the determined bidder, the stocks shall be readily available off-the-shelf.
3. Bidders shall specify/indicate the brand names in the RFQ and the country of origin.
4. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
7. The Provincial Government of Davao del Norte shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. In case two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the Provincial Government of Davao del Norte shall adopt and employ "tosscoin" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
9. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e, order slip and/or billing statement, by the contractor.
10. The following documentary requirements shall be submitted together with the Request for Quotation Form as requisite for award:
 - a. For Shopping:
 - 1.) Mayor's/Business Permit
 - 2.) PhilGEPS Registration Number
 - b. For Small Value Procurement:
 - 1.) Mayor's/Business Permit
 - 2.) PhilGEPS Registration Number
 - 3.) Professional License /Curriculum Vitae (for Consulting Services only)
 - 4.) PCAB License (for Infra. only)
 - 5.) Income/Business Tax Return (For ABCs above P500K only)
 - 6.) Omnibus Sworn Statement

VERY TRULY YOURS,


RALPH P. DELA CRUZ, LT. COL.
BAC CHAIRPERSON

I hereby certify and affirm to the foregoing quotation, terms and conditions :

NAME OF ESTABLISHMENT _____
ADDRESS _____
Please check whether VAT or Non-VAT <input type="checkbox"/> V.A.T. <input type="checkbox"/> Non - V.A.T.
T.I.N. _____
PhilGEPS Registration No.: _____

SIGNATURE OVER PRINTED NAME

DESIGNATION

CONTACT NUMBER

EMAIL ADDRESS

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