

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at [www.philgeps.gov.ph](http://www.philgeps.gov.ph) and register for free."

RFQ No. 23- 0667 -NP-SVP

Date: 19-Apr-23

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 PhilGEPS Reg. No.: \_\_\_\_\_  
 Company TIN: \_\_\_\_\_

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	80	TABLET S	IBUPROFEN + PARACETAMOL 200mg/325mg TABLET			
	120	CAP	AMOXICILLIN 500mg			
	4	BOTTLE S	CALAMINE + DIPHENYDRAMINE HCL 8G/1G 30ML			
	180	TABLET S	ASCORBIC ACID 500mg TABLET			
	8	BOTTLE S	POVIDONE - IODINE 10% SOLUTION 120ml			
	250	TABLET S	PARACETAMOL 500mg / TABLET			
	4	BOX	SILVER SULFADIAZINE 10mg/g CREAM 20g			
	1	BOX	LIDOCAINE EPINEPHRINE 20mg/2.5mcg 1.8ml/glass cartridge			
	200	CAP	CEFALIXINE 500MG			
	200	CAP	MULTIVITAMINS + IRON CAPSULE			
	5	PACKS	COTTON BALLS BIG			
	5	PACKS	COTTON BUDS			
	100	CAP	LOPERAMIDE 2MG			
	4	BOTS	METHYL SALICYLATE CAMPHOR + MENTHOL 100ml.			
	4	TUBES	TETRAHYDROZOLINE HCL EYE DROPS 7.5 ML			
	200	CAP	LAGUNDI 600mg			
	200	CAP	MEFENAMIC ACID 500MG/CAP			
	8	JAR	CAMPHOR, MENTHOL, EUCALYPTUS OIL CREAM 50g			
	8	GAL	ISOPROPHYL ALCOHOL 70%			
	80	TABLET S	CETIRIZINE 10mg			
	80	PCS	CLOXACILLIN 500mg cap			
	50	TABLET S	MECLIZINE 25MG			
	80	CAP	MEFENAMIC ACID 500MG			
	60	CAP	OMEPRAZOLE 20MG			
	40	TAB	BUTAMIRATE 50MG/TABLET			
	4	TUBES	CLOTRIMAZOLE (10MG/G 1% ) CREAM			
	80	TAB	VITAMIN B1+B6+B12 100MG / 10			

80	CAP	CELECOXIB 200MG			
50	TAB	HYOSCINE - N - BUTYLBROMIDE 10MG/TABLET			
8	BOT	MASSAGE OIL 120ml			
8	BOX	ADHESIVE BANDAGE STRIP			
80	PCS	GAUZE STERILE 3" X 3"			
8	BOT	BABY OIL 50ML			
50	TAB	DICYCLOVERINE HCL 10mg			
3	BOX	DISPOSABLE FACE MASK			
2	BOXES	CLEAN GLOVES			
10	PIECE	N95 MASK			
80	TAB	SALBUTAMOL 2MG			
3	BOX	SYRINGE 3CC			
3	BOX	SYRINGE 5CC			
3	TUBE	MICONAZOLE ORAL GEL 3.5g			
4	PACK	INCONTINENCE PAD			
250	TAB	PARACETAMOL + CHLOROPHENAMINE MALEATE (325MG, 25MG,2MG)			
1	BOT	GLUCOSTRIPS (ADVAN GLUCOSTRIPS)			
50	CAP	DOXYCYCLINE 100MG			
3	BOT	PERMETHRINE 5% CREAM			
3	BOT	POVIDONE IODINE THROAT SPRAY 45MG/ML 50ML			
50	TABLET	CIPROFLOXACIN 500MG			
8	PIECE	ELASTIC BANDAGE 4"			
5	PIECE	MICROPORE MEDICAL TAPE (HYPOALLERGENIC)			
4	BOT	SODIUM CHLORIDE 0.6% NASAL SPRAY 30ML			
10	BOT	SALICYLIC ACID SOLUTION 50ML			
10	BOT	HYDROGEN PEROXIDE 120ml			
50	CAP	TRANEXAMIC ACID 500mg			
		*****NOTHING FOLLOWS*****			
		Approved Budget for the Contract			
		(ABC): Php 56,989.55			

PURPOSE: RRCY - ASSORTED MEDICINES UNDER CONTINUING APPROPRIATION DR  
PR No. 2023-04-0667

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O.

FAILURE to sign the original P.O means that the bidder

is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

**ARNEL V. RADAZA**  
Procurement Officer

\_\_\_\_\_  
Supplier  
\_\_\_\_\_  
Signature over Printed Name

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Philgeps Reg. No. : \_\_\_\_\_  
Company TIN: \_\_\_\_\_

RFQ No.: 23- 0667 -NP-SVP  
Date: 19-Apr-23

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non – compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A** please attach in your quotation a duly notarized certification to this effect.

As a condition for award, you will be required to submit the following documentary requirements:

- \* Accomplished Quotation (for goods or infra)/Proposal (for consulting)
- \* Mayor's Permit
- \* PhilGEPS Registration No.
- \* PCAB license (for infra)
- \* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k
- \*Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00

**Note:**Submission of PhilGEPS Platinum Certificate of Registration and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to [procurement.dswd.fo10@gmail.com](mailto:procurement.dswd.fo10@gmail.com) not later than \_\_\_\_\_ of \_\_\_\_\_ . Quotations submitted to different email address as stated above shall not be considered for evaluation.

Very Truly Yours,

**ARNEL V. RADAZA**

DSWD 10 Procurement Officer

**Terms and Conditions:**

1. Award shall be made on per:  Item Basis  Total Quoted Price  Lot Basis
  2. Quotation validity shall be 6 Months
  3. Goods/Services shall be delivered/conducted within 15-30 working days upon receipt of PO
  4. Place of Delivery DSWD Field Office 10
  5. Terms of Payment: 15-30 days after the inspections  
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account).  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank Name \_\_\_\_\_
- \*Note: Non Land Bank of the Philippines accounts shall be charged a service fee.
6. Liquidated Damages/Penalty: *In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.*
  7. For goods, please indicate brand, model and country of origin.
  8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
  9. Please indicate Warranty
  10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation. website at [www.philgeps.gov.ph](http://www.philgeps.gov.ph) and register for free."

**ARNEL V. RADAZA**  
Procurement Officer

\_\_\_\_\_  
Signature over Printed Name

Republic of the Philippines  
**Department of Social Welfare and Development**  
Field Office No. 10  
Cagayan de Oro City

**PROOF OF RECEIPT**

**Quotation No:** 23- 0667 -NP-SVP  
**Items:** IBUPROFEN + PARACETAMOL 200mg/325mg TABLET  
**Purpose:** RRCY - ASSORTED MEDICINES UNDER CONTINUING APPROPRIATION DR

Company Name	Representative	Position / Designation	Date	Signature

\_\_\_\_\_  
Canvasser