

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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- 0988 -NP-SVP

**Date:** 7 Jun 2023

**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
	11	BOX	SODIUM ASCORBATE WITH ZINC			
	5	BOX	MULTIVITAMINS CAP			
	5	BOX	VITAMIN B COMPLEX CAP			
	5	BOTTLE	VITAMIN C PLUS ZINC SYRUP 120ml			
	5	BOTTLE	VITAMIN C ZINC DROPS 10ml			
	5	BOTTLE	AMBROXOL DROPS 6mg 15 ml			
	5	BOTTLE	CARBOCISTIENE 250mg/5 SYRUP			
	5	BOX	CARBOCISTIENE 500mg CAP			
	5	BOTTLE	SALBUTAMOL / GUIAFENESIN SYRUP			
	5	BOX	SALBUTAMOL / GUIAFENESIN TABLET			
	5	BOX	PARACETAMOL 500 MG TABLET			
	5	BOX	IBUPROFEN 500 MG CAPSULE			
	5	BOTTLE	IBUPROFEN 200 MG SYRUP			
	5	BOTTLE	PARACETAMOL 250MG/5 SYRUP 60ML			
	5	BOTTLE	PARACETAMOL DROPS 100mg/ml 10ml			
	5	BOTTLE	PHENYLEPHRINE SYRUP 60ml			
	5	BOTTLE	PHENYLEPHRINE SYRUP DROPS 10ml			
	5	BOX	PHENYLPROPANOLAMINE/CHLORPHENIRAMINE / PARACETAMOL TABLET			
	5	PC	CHLORPHENAMINE 4 MG TABLET			
	5	PC	LORATADINE 10MG TABLET			
	5	BOTTLE	CITIRIZINE 5MG / 5 SYRUP			
	5	PCS	CEFUROXIME 500 TABLET			
	5	PCS	COAMOXYCLAV 625mg TABLET			
	5	BOX	DOXYCYCLINE 100MG CAPSULE			
	5	PCS	AMOXYCILLIN 500MG CAPSULE			
	5	PCS	CEFALEXIN 500 MG CAPSULE			
	5	BOTTLE	COAMOXYCLAV 457 MG / 5 70ML			
	5	BOTTLE	AMOXYCILLIN 100MG/ML 10ml DROPS			
	5	BOTTLE	AMOXYCILLIN 250/5 SYRUP 60 ml			

	5	BOTTLE	CEFALEXIN 250/5 SYRUP 60 ml			
	5	BOTTLE	PERMETHRIN 50MG/ML (5%) LOTION			
	5	SACHET	PERMETHINE 10MG/ML SHAMPOO			
	10	BOX	CELECOXIB 200 MG CAP			
	10	PC	HYOSCINE 10MG TABLET			
	10	BOX	ALUMINUM HYDROXIDE			
	10	BOTTLE	ZINC SULFATE SYRUP 60ml			
	10	BOTTLE	ZINC DROPS			
	10	PC	BACILLUS CLAUSII			
	10	SACHET	ORAL REHYDRATION SALT (WITH FLAVOR) SACHET			
	10	TUBE	SILVER SULFADIAZINE OINTMENT			
	10	TUBE	ZINC OXIDE CREAM			
	10	TUBE	MUPIROCIN OINTMENT			
	10	BOTTLE	POVIDONE IODINE			
	10	TUBE	POLYMYXIN B - BACITRACIN ZINC			
	10	BOTTLE	SALICYLIC ACID 120ML			
	10	TUBE	BETHAMETHASONE CREAM 10mg			
	10	PCS	PREDNISONE 20mg TABLET			
	10	BOTTLE	PREDNISONE 10mg/5 ml 60ml			
	10	TUBE	KETOCONAZOLE 15g CREAM			
	10	BOTTLE	TOBRAMYCIN/DEXAMETHASONE EYE DROPS			
	10	BOTTLE	GENTAMYCINE EYE AND EAR DROPS			
	10	BOTTLE	DOCUSSATE SODIUM EAR DROPS			
	10	TUBE	MICONAZOLE ORAL GEL			
	10	BOTTLE	SALINASE NASAL DROPS			
			*****NOTHING FOLLOWS*****			
			<b>Approved Budget for the Contract</b>			
			<b>(ABC): PhP 64,464.00</b>			

**PURPOSE:**

BAHAY SILUNGAN - BAHAY SILUNGAN DRUGS AND MED SUPPLIES - CMF CONTI 2022

**PR No.**

2023-06-0988

**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- 0988 -NP-SVP

Date: 07-Jun-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 [bac.fo10@dswd.gov.ph](mailto:bac.fo10@dswd.gov.ph) not later than 12:00PM on June13,2023. 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.
11. 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."

**ARNEL V. RADAZA**

Procurement Officer

\_\_\_\_\_  
**Supplier**

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- 0988 -NP-SVP

**Items:** #REF!

**Purpose:** BAHAY SILUNGAN - BAHAY SILUNGAN DRUGS AND MED SUPPLIES - CMF CONTI 2022

<b>Company Name</b>	<b>Representative</b>	<b>Position / Designation</b>	<b>Date</b>	<b>Signature</b>

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**Canvasser**