## UNIVERSITY OF SOUTHEASTERN PHILIPPINES

Obrero Campus, Bo. Obrero Davao City

Medical/Dental Clinic

## **Request for Quotation**

## PR. No. 2021-03-105

Date: 15 MARCH 2021

| Company  | Name | : |
|----------|------|---|
| Address: |      |   |

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_ in the return envelope attached herewith

DR. REYNLO D GARCIA BAC CHAIRMAN

17 March 2021

Note : 1. All entries must be typewritten.

2. Delivery Period within

\_\_\_\_ calendar days upon receipt of Purchase Order. 3. Warranty shall be for a period of six ( 6 ) months for supplies and materials, one ( 1 ) year for

Equipment, from date of acceptance by the procuring entity.

4. Price validity shall be a period of 30 calendar days.

5. G-EPS Registration Certficate shall be attached upon submission of the Quotation.

6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).

7. Mode of delivery: [ ] Pick-up (Schedule) [x] Door to Door Delivery

| Item No. | Linit   | Unit ITEM AND DESCRIPTION                       | QTY | BID PRICE  |              |
|----------|---------|---|-----|------------|--------------|
|          |         |   |     | UNIT PRICE | TOTAL AMOUNT |
| 1        | tab     | Amlodepine Basilate 5 mg                        | 100 |            |              |
| 2        | tab     | Ambroxol 30 mg                                  | 500 |            |              |
| 3        | tab     | Bilastine 20 mg                                 | 180 |            |              |
| 4        | tab     | Hyoscine -n- Butylbromide/Paracetamol           | 50  |            |              |
| 5        | tab     | Diphenhydramine Hcl                             | 100 |            |              |
| 6        | box     | Zinc Oxide+Calamine Ointment/Cream 3.5g(20's)bx | 5   |            |              |
| 7        | tab     | Clonidine 75mg                                  | 100 |            |              |
| 8        | softgel | Ibuprofen 200mg                                 | 500 |            |              |
| 9        | tab     | Benadryl 50mg                                   | 100 |            |              |
| 10       | box     | Salbutamol Sulfate 1mg/ml nebulizer Sol 5mlx5   | 5   |            |              |
| 11       | tab     | Sinupret Forte                                  | 120 |            |              |
| 12       | tab     | Cinnarizine 25mg                                | 100 |            |              |
| 13       | ampoule | e Tetanus Toxoid 0.5 ml                         | 200 |            |              |
| 14       | cap     | Tranexamic 500 mg                               | 100 |            |              |
| 15       | tab     | Famotidine 20 mg                                | 100 |            |              |
| 16       | tab     | Ranitidine 300 mg                               | 300 |            |              |
| 17       | bot     | Dextran 70 Hypromellose Eye Lubricant 15 ml     |     |            |              |
|          |         | 1mg/3mg/ml                                      | 6   |            |              |
| 18       | tube    | Fusidic Acid 1% 5 g                             | 5   |            |              |
| 19       | bot     | Tobramycin Dexamethasone 3mg/1mg per ml         | 5   |            |              |
|          |         | Ophthalmic Drops 5 ml                           |     |            |              |
|          |         |   |     |            |              |
|          |         |   |     |            |              |
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| <br> |  |  |
|------|--|--|
|      |  |  |
|      |  |  |

After carefully read and accepted your General Condition, I/ We quote you on the item at prices noted above.

Printed Name/Signature

Authorized Canvasser

Tel. No./Cellphone No.

Tin No. of Establishment

Date