

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM	REQUEST FOR QUOTATION FORM & NOTICE (GOODS)
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Office/ Campus:	MIMAROPA REGION CAMPUS
Address/ Contact Details:	BRGY. RIZAL, ODIONGAN, ROMBLON

Quotation No.:	2021-02-QN012
Date :	February 17, 2021


Project: **SUPPLY AND DELIVERY OF PSHS-MRC'S DRUGS, MEDICINES, MEDICAL, DENTAL AND LABORATORY SUPPLIES**

The PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM - MIMAROPA REGION CAMPUS intends to apply the sum of TWO HUNDRED FORTY TWO THOUSAND PESOS ONLY (**PhP242,000.00**) being the Approved Budget for the Contract (ABC) to pay for the contract for the Project: **SUPPLY AND DELIVERY OF PSHS-MRC'S DRUGS, MEDICINES, MEDICAL, DENTAL AND LABORATORY SUPPLIES**

TERMS OF REFERENCE:

1. The PSHS-MRC now invites qualified suppliers/manufacturers/dealers/service providers to submit price quotations for the above item with the following specifications:
 - 1.1 Please see attached request for quotation form.

SUPPLY AND DELIVERY OF PSHS-MRC'S DRUGS, MEDICINES, MEDICAL, DENTAL AND LABORATORY SUPPLIES
Lot 1 = PhP42,000.00
Lot 2 = PhP25,627.00
Lot 3 = PhP174,373.00
TOTAL = PhP242,000.00
2. Procurement will be conducted through one of the Alternative Modes of Procurement which is "Small Value Procurement" specified under RA 9184, and its Revised IRR, otherwise known as the "Government Procurement Reform Act".
3. Eligibility Requirements for Small Value Procurement are:
 - a.) Certificate of Registration
 - b.) Updated Mayor's Permit
 - c.) Updated DTI / SEC Registration
 - d.) Updated Quarterly Income Tax Return / Tax Clearance
 - e.) PhilGEPs Certificate of Membership / Registration or Snapshot of Registered Account in PhilGEPs
 - f.) Notarized Omnibus Sworn Statement
 - g.) Landbank Passbook Account and Snapshot of Account in Landbank System for Payment Purposes
| Alternative is through Check Payment if Supplier has no Landbank Account
 - h.) Filled out Supplier's Information Sheet
4. Interested suppliers may obtain the Request for Quotation (RFQ) Form from the Finance and Administrative Division (FAD), PSHS-MRC c/o Mr. JEYOUPEE S. FERRERA, 0961-074-0071 (SMART), 0906-591-5253 (GLOBE) / bacsec@mrc.pshs.edu.ph on February 18 to February 22, 2021 from 8:00am – 5:00pm without cost.
5. The deadline for submission of duly accomplished RFQ Form (Open or Sealed) is on February 22, 2021, 5:00 pm. Suppliers are not required to attend the Opening of Quotations.
6. The winning supplier will be notified in writing or by phone or otherwise by the Head of the Procuring Entity (HOPE) subject to the provisions of RA 9184 and its Revised IRR.
7. The PSHS-MRC reserves the right to accept or reject any price offer, and to annul the procurement process and reject all offers at any time prior to contract award, without thereby incurring any liability to the affected supplier or suppliers.


 JOANE C. DALISAY
 BAC Chairperson

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Quotation No.:
Date :

2021-02-QN012
February 17, 2021

GENTLEMEN:

May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

Delivery will be Within thirty (30) calendar days upon Receipt of Purchase Order (PO)


In case of failure to make the full delivery/completion within the time specified as offered/required, the Supplier/Contractor shall be liable for liquidated damages/penalty of one-tenth (1/10) of one percent (1%) of the Contract Price per calendar day of delay minus the value of the delivered/completed portion(s) of the approved P.O./Contract.

Item #	QTY	UNIT	ITEM/DESCRIPTION	UNIT COST	TOTAL COST
<u>PRICES MUST BE Tax (VAT) INCLUSIVE</u>					
Lot 1			Drugs and Medicines Expenses		
	2	tube	Mupirocin antibacterial ointment		
	1	box	Mefenamic acid 500 mg/capsule		
	2	tube	Diclofenac emulgel 1%		
	1	box	Phenylpropranolamine Hydrochloride +		
	1	bottle	Petroleum Jelly 50grams		
	1	box	Oresol Sachet		
	4	box	Methyl salicylate medicated plaster		
	5	bottle	Methyl salicylate menthol 100ml		
	5	bottle	Povidone Iodine 60ml		
	6	pack	Fever Patch		
	1	box	Aluminum Hydroxide/ magnesium hydroxide		
	2	box	Povidone Iodine prep pad		
	3	sachet	Dichlorobenzyl Alcohol Amylmetacresol		
	15	box	Earloop Mask		
	1	pack	Cotton Balls 50's		
	2	box	Cetirizine		
	1	box	Loratadine 10mg/ tab		
	6	box	Hyoscine- N- Butylbromide 4's		
	1	box	Alcohol pads		
	10	box	Ascorbic acid 500mg/tab		
	146	pc	70% Isopropyl Alcohol 100ml		
	87	pc	70% Isopropyl Alcohol 250ml		
			TOTAL LOT 1		
Lot 2			Medical, Dental Supplies		
	3	box	Kimwipes, lint free, 280 pcs/box		
	10	pc	N95 face mask		
	10	box	Disposable Blue latex gloves 100/box (M)		
	5	box	Disposable Latex gloves 100/box (M)		
	5	box	Disposable earloop face mask 50/box		
	2	bottle	Antibacterial Hand soap 750ml Bottle		
	2	bottle	Hand Sanitizer 500ml Bottle		
	2	pc	First Aid Box		
			TOTAL LOT 2		
Lot 3			Laboratory Supplies		
	5	pack	Aspirator for Pipette (capacity: 15mL)		
	3	pc	Low- Form Beakers, *Polypropylene beakers (Plastic)		
			*With graduations in mL and L		
			*Withstand temperatures to 135 degree Celcius		
			*Capacity: 500mL, Dimensions:12.1x7.9cm)		
			Continued on the Next Page		
			SUB-TOTAL		

Delivery Term : _____
 Delivery Time : **Delivery will be Within thirty (30) calendar days upon Receipt of Purchase Order (PO)**
 Payment Term : **30 Calendar Days Upon Receipt of Purchase Order (PO)**

Very truly yours,

PRICES IN THE ABOVE OFFER ARE
CERTIFIED TRUE AND CORRECT:


JEYOUPEE S. FERRERA
 A.O - III / Supply Officer II
 Mob. No.: 0961-074-0071(Smart); 0912-691-3397(Globe)
 Email: bacsec@mrc.pshs.edu.ph

Authorized Company Representative : _____
 (Signature Over Printed Name)

Telefax: _____

IMPORTANT

1. Prices must be typewritten in ink clearly.
2. If offering a substitute/equivalent, specify the brand and make.

Company Name : _____
 Address : _____
 Telephone nos. : _____
 T.I.N. : _____

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Item #	QTY	UNIT	ITEM/DESCRIPTION	UNIT COST	TOTAL COST
PRICES MUST BE Tax (VAT) INCLUSIVE					
Forwarded Balance					
	3	pc	Low Form Beakers, *Polypropylene beakers(Plastic) *With graduations in mL and L *Withstand temperatures to 135 degree Celsius *Capacity: 1000mL,Dimensions:14x712.7cm)		
	1	pack	Laboratory Filter Paper(*No. 5A Ashless Grade), 10/pack		
	6	pc	Pipet, Capacity: 10 mL, Graduation: 0.1 mL, Accuracy: 0.04		
	6	pc	Wash Bottle, (Capacity: 500 mL, Size: 24mm) Dimensions: 7"x 2 3/8" (17.8 x 6.0 cm)		
	6	pc	Wash Bottle, (Capacity: 1000 mL, Size: 24mm) Dimensions: 7"x 2 3/8" (17.8 x 6.0 cm)		
	6	pack	Beaker/Bottle/Flask Brush (Size: (LxW) 4"x 1 1/2") Description:Angle head, large Material: Natural, Hands length: 12"		
	3	pc	Double Burette Clamp		
	3	pc	Circular Pipette Stand *polypropylene rotary pipette stand. Holds 94 pipettes varyng sizes. Size: Base is 228mm in diameter. Unit is 482mm tall. Max. sized diameter pipette to be store: 12.7mm. Autoclavable and chemical resistant		
	10	pc	N95 Special-Use -Respirators		
	7	pc	Laboratory BINS, medium(7 colors)		
	6	pc	Biohazard Waste Bin (Medium)		
	2	pc	Burette base, 50mL		
	2	pc	Burette w PTPE stopcock plug, 50mL Capacity tolerance is calibrated in accordance with ASTM E 287 , Burettes are calibrated in accordance with ASTM E 542		
	1	pc	FIRST AID KIT *OSHA - Compliant First Aid Kit		
	1	set	Force Table *Diameter: 40cm, Height: 40cm Standard Material: *Steel cast iron base stand, Level: levelers on each leg *Force Table: Circular Scale Labeled from 0-360 degree in 10 degree increments to ensure the force table is always level		
	8	set	Double Rod Clamp *Hold any two rods up to 0.5 inch or higher in diameter, either *parallel or penpendicular to one another		
	6	pc	Iron Ring		
	6	pc	Alcohol Thermometer- 10 to 200 degree celsius		
	10	pc	Test Tube Brush, stainless handle (Medium) *Brush materials resistant to acids, aromatic and aliphatic hydrocarbons, ketones and hot water. FDA approved materials		
	100	pc	Microcentrifuge Tubes, capacity: 1.5mL (plastic) *With high quality tubes and autoclavable		
	5	pc	Pipet 1ml		
TOTAL LOT 3					
Nothing Follows					
GRAND TOTAL					

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JEYQUIPE S. FERRERA

A.O - III / Supply Officer II

Mob. No.: 0961-074-0071(Smart); 0912-691-3397(Globe)

Email: bacsec@mrc.pshs.edu.ph

Telefax:

Authorized Company

Representative : _____

(Signature Over Printed Name)

IMPORTANT

- Prices must be typewritten in ink clearly.
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Company Name : _____

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