Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal

Tel/Fax 653-2860
urs.spmo@gmail.com

April 2, 2019

Company/ Suppliers Name :_____

Address :_____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your sealed quotation duly signed by your representative not later than _____ to URS SPMO, Morong Rizal.

NELSON S. GONZALES, Ed. D.
Chairperson, BAC

NOTE:
1. **ALL ENTRIES MUST BE TYPEWRITTEN**
2. **DELIVERY PERIOD WITHIN *20* CALENDAR DAYS**
3. **WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE ENTITY**
4. **PRICE VALIDITY SHALL BE FOR A PERIOD OF *45* CALENDAR DAYS**
5. **G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION**
6. **BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED**

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	BID PRICE	TOTAL BID PRICE
1.	*Buscopan, 10mg*	2	box		
2.	*Loperamide, 2mg*	2	box		
3.	*Biogesic, 500mg*	2	box		
4.	*Buscopan venus 10/50mg*	2	box		
5.	*Neozep, 500mg*	2	box		
6.	*Decolgen 500mg (no drowse)*	2	box		
7.	*Decolsin, 500mg*	2	box		
8.	*Dynatussin, 500mg*	2	box		
9.	*Symdex-D*	2	box		
10.	*Carbocisteine, 500mg*	2	box		
11.	*Ambroxol, 30mg*	2	box		
12.	*Alaxan FR, 500mg*	2	box		
13.	*Mefenamic acid, 500mg*	2	box		
14.	*Ciprofloxacin, 500mg*	2	box		
15.	*Antamin, 4mg*	2	box		
16.	*Cetirizine, 10mg*	2	box		
17.	*Plasil, 10mg*	2	box		
18.	*Meclizine HCL (dizitab) 25mg, chewable*	2	box		
19.	*Kremil-S, chewable*	2	box		
20.	*Dequadin, 250mcg*	2	box		
21.	*Tempra, 325mg*	2	box		
22.	*Cloxacillin, 500mg*	2	box		
23.	*Amoxicillin, 500mg*	2	box		
24.	*Ascorbic acid Poten-Cee*	2	box		
25.	*Oral Rehydration solutions*	2	box		
26.	*Paracetamol syrup, 250mg/5ml*	2	bot		
27.	*Pecof syrup, 30ml*	2	bot		

28.	*Salbutamol neb*	*1*	*box*		
29.	*Salbutamol, 2mg tab*	*1*	*box*		
30.	*Catapres?clonidine 75mcg*	*1*	*box*		
31.	*Gluco zinc, 100ml*	*2*	*bot*		
32.	*Maalox 225mg/225mg/5ml*	*1*	*bot*		
33.	*Kamilosan M, 15ml*	*3*	*bot*		
34.	*Naphazoline hydrochloride, 15ml, opthalmic solution (drops)*	*3*	*bot*		
35.	*Flammazine, 50g*	*2*	*tube*		
36.	*Agua oxinada*	*15*	*bot*		
37.	*Betadine*	*15*	*bot*		
38.	*Methyl salycylate, 15ml Oil of winter green*	*15*	*bot*		
39.	*Salonpas*	*20*	*pack*		
40.	*Calamine lotion, 60ml*	*7*	*bot*		
41.	*Ban aid*	*3*	*box*		
42.	*Mediplast gauze bandage, 4"x 10 yards*	*2*	*roll*		
43.	*Sterile gauze swabs 4" x 4" 8 ply (rst aid)*	*2*	*box*		
44.	*Elastic bandage, 6 x 5*	*5*	*pc*		
45.	*Elastic bandage, 4 x 4*	*15*	*pc*		
46.	*Cotton balls (cleene)*	*3*	*pack*		
47.	*Cotton buds*	*2*	*pack*		
48.	*Clean glove*	*2*	*box*		
49.	*Sterile glove, size 7*	*10*	*pc*		
50.	*Face mask*	*30*	*pc*		
51.	*Transpore tape*	*5*	*pc*		
52.	*Micropore tape*	*5*	*pc*		
53.	*Leukoplast tape*	*8*	*pc*		
54.	*Dental anesthesia*	*2*	*box*		
55.	*Syringe, 5ml*	*5*	*pc*		
56.	*Syringe, 3ml*	*5*	*pc*		
57.	*Tuberculine syringe*	*5*	*pc*		
58.	*Insulin syringe*	*5*	*pc*		
59.	*IV cannula (abbocath) 22*	*3*	*pc*		
60.	*IV cannula (abbocath) 24*	*3*	*pc*		
61.	*Nebulizer set*	*1*	*pc*		
62.	*Nasal cannula*	*1*	*pc*		
63.	*Lidocaine, 50ml*	*1*	*vial*		
64.	*Dental needle gauge 27 (short)*	*1*	*box*		
65.	*Dental needle gauge 27 (long)*	*1*	*box*		
66.	*Baxtel aneroid sphygmomanometer, + or - 3mmHg accuracy, luminous gauge index and range markings, stain resistant, natural cotton fiber cuff, latex free, easy release deflation valve*	*1*	*pc*		
67.	*BP aneroid sphygmo desk h-pe, baxtel, 30mmHg, no pin stop calibrated scaale, enlarge blue color dial plate w/ white numerical for easy reading, complete w/ inflation system, extendable rubber coil tubing, metal base pad*	*1*	*pc*		
	**** Medical Clinic – Tanay Campus ****				
	ABC – Php 79,115.00				

Brand and Model : _____ Delivery Period : _____

Warranty : _____ Price Validity : _____

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

CERTIFICATION

I hereby certify that I have personally conducted this canvass and that the price(s) quoted is/are true & correct and the signature of the representative of the company who submitted the quotation(s) is/are genuine.

Posted at PhilGEPS

Printed Name & Signature of Authorized Canvasser

P.R. No.:2019-03-0722

Control No.: _____

PhilGeps Ref. No.: _____

_____
Printed Name / Signature

_____
Tel. No. / Cell phone No.

_____
E-mail address

_____
Date

_____
Tin Number