



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
 Province of Rizal

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

April 30, 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
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.	<i>Amoxicillin 500mg'cap</i>	300	<i>cap</i>		
2.	<i>Cioxacillin 50mg cap</i>	500	<i>cap</i>		
3.	<i>Symdex</i>	500	<i>cap</i>		
4.	<i>Cetirizine</i>	500	<i>cap</i>		
5.	<i>Decolsin</i>	500	<i>cap</i>		
6.	<i>Ambroxol</i>	300	<i>cap</i>		
7.	<i>Carbocisteine</i>	300	<i>cap</i>		
8.	<i>Salbutamol Neb</i>	50	<i>pc</i>		
9.	<i>Kremil-S</i>	300	<i>cap</i>		
10.	<i>Buscopan</i>	300	<i>cap</i>		
11.	<i>Glucolyte Plus (sachet)</i>	300	<i>pc</i>		
12.	<i>White Flower (big)</i>	15	<i>bot</i>		
13.	<i>Apsolyn Otic Solution</i>	5	<i>bot</i>		
14.	<i>Naphazoline</i>	5	<i>bot</i>		
15.	<i>Kamillosan M-Spray</i>	15	<i>bot</i>		
16.	<i>Sterile Gauze 4x4</i>	200	<i>pc</i>		
17.	<i>Sterile Gauze 3x3</i>	200	<i>pc</i>		
18.	<i>Flammazine 50g</i>	10	<i>tube</i>		
19.	<i>Micropre 2.5cm x 9.1m</i>	30	<i>pc</i>		
20.	<i>Biogenic isopropyl Alcohol with spray</i>	10	<i>bot</i>		
21.	<i>One Much Ultra Soft Lancet</i>	150	<i>pc</i>		
22.	<i>One Touch Ultra Test Strips(Code: 25)</i>	150	<i>pc</i>		
	*** Medical Unit – 2 nd Qtr Supplies ***				
	ABC – Php 64,025.00				

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 Convasser

P.R. No.:2019-04-0789

Control No.: _____

PhilGeps Ref. No.: _____

Printed Name / Signature

Tel. No. / Cell phone No.

E-mail address

Date

Tin Number