



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal


Tel/Fax 653-2860
urs.bacsecretariat2020@gmail.com

Date : MAR 17 2022

Company/Supplier 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 MAR 22 2022 to URS SPMO, Morong Rizal.


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

- NOTE: 1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN ____ 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 | Mefenamic Acid 500g Ritemed | 200 | pc(s) | | |
| 2 | Transpore | 5 | roll(s) | | |
| 3 | Celocoxib 200mg | 100 | pc(s) | | |
| 4 | Paracetamol Biogesic 500mg | 300 | pc(s) | | |
| 5 | BSI Muscle Spray | 5 | bottle(s) | | |
| 6 | Cloxacilin 50mg/cap | 300 | pc(s) | | |
| 7 | Flammazine 20g | 8 | bottle(s) | | |
| 8 | Carbocistine 500mg | 300 | pc(s) | | |
| 9 | Cotton Balls 300 balls/pack | 3 | pack(s) | | |
| 10 | Naphzoline Ophthalmic Drops | 3 | bottle(s) | | |
| 11 | Aplosyn Otic Drops | 3 | bottle(s) | | |
| 12 | Syndex | 300 | pc(s) | | |
| 13 | Ciprofloxacin 500mg | 100 | pc(s) | | |
| 14 | Amoxicillin 500mg/cap 100 pcs | 2 | box(es) | | |
| 15 | Hydrogen Peroxide 120ml | 3 | bottle(s) | | |
| 16 | Povidone Iodine 120ml | 3 | bottle(s) | | |
| 17 | Dizitab | 100 | pc(s) | | |
| 18 | E-zinc Syrup(zinc sulfate) 60ml | 5 | bottle(s) | | |
| 19 | Meloxicam 15mg | 100 | pc(s) | | |
| 20 | Cefalexin 500mg/ 100 per box | 2 | box(es) | | |
| 21 | White Flower Big | 5 | bottle(s) | | |
| 22 | Salonpas Patch | 50 | box(es) | | |
| 23 | Kamilosan M-Spray | 5 | pc(s) | | |
| 24 | Kremil-S | 200 | pc(s) | | |
| 25 | Azithromycin 500g | 90 | pc(s) | | |
| 26 | Ambroxol | 100 | pc(s) | | |
| 27 | Decolsin | 300 | pc(s) | | |

| | | | | | |
|----|------------------------------|-----|---------|--|--|
| 28 | Band Aid(Cartoon Character) | 100 | box(es) | | |
| 29 | Cetirizine | 200 | pc(s) | | |
| | ***nothing follows*** | | | | |
| | - | | | | |
| | ABC - Php 52,995.00 | | | | |
| | - | | | | |

Brand and Model : _____
Warranty : _____

Delivery Period : _____
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.

Ported at Phil/GAS
Printed Name & Signature of Authorized Canvasser

Printed Name / Signature

Tel. No. / Cell phone No.

E-mail address

Date

Tin Number

URS-AF-AS-PRO-F-2017-02

Rev. 00

Effectivity Date August 15, 2017

Modified version of RFQ form from
(SF-GOOD-60, May 2004)

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