



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal

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urs.bacsecretariat2020@gmail.com

Date : 11/14/22

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 11/21/22 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 | Decquadin tab 100pcs/box | 1 | box(es) | | |
| 2 | Dizitab | 200 | pc(s) | | |
| 3 | Clean Gloves | 3 | box(es) | | |
| 4 | lidocaine 2% local anesthesia 50 ml | 1 | bottle(s) | | |
| 5 | surgical tray 7 x13 x 2.5" thick | 1 | pc(s) | | |
| 6 | surgical scissor 5.5" premium | 1 | pc(s) | | |
| 7 | needle holder n 6" | 1 | pc(s) | | |
| 8 | kelly curve 6.25" | 2 | pc(s) | | |
| 9 | kelly straight 6.25 " | 2 | pc(s) | | |
| 10 | Cotton Balls Cleene (300's) | 2 | pack(s) | | |
| 11 | tissue forcep w/o teeth 7" | 2 | pc(s) | | |
| 12 | tissue forcep w/ teeth 7" | 2 | pc(s) | | |
| 13 | silk suture 3.0 cutting 12 pcs/ box | 1 | box(es) | | |
| 14 | 3 cc syringe 100 pcs/ box | 1 | box(es) | | |
| 15 | cloxacillin 500mg, 100 cap / box | 1 | box(es) | | |
| 16 | amoxicillin 500 mg/cap , 100 cap /box | 1 | box(es) | | |
| 17 | Mefenamic Acid 500mg/caplet (RiteMed)100pcs/box | 3 | box(es) | | |
| 18 | Pregnancy test Kit | 100 | pc(s) | | |
| 19 | 3M Littmann Master Classic II Stethoscope | 1 | pc(s) | | |
| 20 | Tactical Rechargeable Flash light | 2 | pc(s) | | |
| 21 | Alaxan FR 100pcs/box | 3 | box(es) | | |
| 22 | Firefly FEL441 Rechargeable LED Torch Light Flashlight | 2 | pc(s) | | |
| 23 | AAA Energizer Battery 4 pcs/pack | 3 | pack(s) | | |
| 24 | AA Energizer battery 4 pcs/pack | 3 | pack(s) | | |
| 25 | Heavy duty Thermal Scanner | 2 | pc(s) | | |

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|----|---|-----|-----------|--|--|
| 26 | Medicine box / First Aid Kit w/ Tackle box including the following: Arm Sling, Elastic Bandage 3", Straight Forcep, Curved Forcep, Bandage Scissor, Flashlight or Pin-Light, Digital Thermometer, Alcohol, Betadine, Agua Oxinada, Cotton, Calamine Lotion, Micropore | 6 | pc(s) | | |
| 27 | Coleman 5 qts flip lid | 4 | pc(s) | | |
| 28 | Coleman 28 qts insulated with wheel | 1 | pc(s) | | |
| 29 | Icebag 9 inches | 6 | pc(s) | | |
| 30 | Gatorade 500ml | 600 | bottle(s) | | |
| 31 | Paracetamol (Biogesic) 500mg/cap | 500 | pc(s) | | |
| 32 | Elastic Bandage 3" | 15 | pc(s) | | |
| 33 | Elastic Bandage 4" | 10 | pc(s) | | |
| 34 | Kamillosan spray 15ml | 10 | bottle(s) | | |
| 35 | Kremil-S tab | 100 | box(es) | | |
| 36 | Omega Pain Killer 120ml | 20 | bottle(s) | | |
| 37 | Cetirizine tab | 100 | box(es) | | |
| 38 | Mediplast strip/ Band Aid 100 strips | 4 | box(es) | | |
| 39 | Transpore | 4 | roll(s) | | |
| 40 | Cefalexin 500mg/cap 100pcs/box | 1 | box(es) | | |
| 41 | garbage bag / black bag | 5 | roll(s) | | |
| 42 | disposal 10 kgs bag /100 pcs | 1 | pack(s) | | |
| 43 | Mask 50 pcs/ box | 5 | box(es) | | |
| 44 | Hydrogen Peroxide 120 ml | 5 | bottle(s) | | |
| 45 | Synalar otic drops price | 2 | bottle(s) | | |
| 46 | Betadine Dry Powder Spray 55g | 5 | bottle(s) | | |
| 47 | Brown Bag 100's | 1 | pack(s) | | |
| 48 | Decolsin 100pcs/box | 2 | box(es) | | |
| 49 | neozep non drowse 100 caps/box | 2 | box(es) | | |
| 50 | White Flower (big bottle) | 4 | bottle(s) | | |
| 51 | cloxacillin 500mg, 100 cap / box | 1 | box(es) | | |
| 52 | Symdex 100pcs/box | 2 | box(es) | | |
| 53 | Muscle Tape | 20 | roll(s) | | |
| 54 | Loperamide cap 100pcs/box | 2 | box(es) | | |
| 55 | Glucosin Syrup 120ml | 5 | bottle(s) | | |
| 56 | sterile gloves 7.5 100 pcs / box | 2 | box(es) | | |
| 57 | Arm Sling medium | 7 | pc(s) | | |
| 58 | Arm Sling large | 7 | pc(s) | | |
| 59 | Calamine Lotion 60ml | 6 | bottle(s) | | |
| 60 | Flammazine 50g | 4 | tube(s) | | |
| 61 | OS 4x4 100pcs/box | 3 | box(es) | | |
| 62 | Biogenic 70% Alcohol w/ Spray | 20 | bottle(s) | | |
| 63 | Salbutamol Nebule 1mg | 30 | pc(s) | | |
| 64 | Petroleum 100g | 2 | pc(s) | | |
| 65 | Naphasoline hcl. 10ml | 4 | bottle(s) | | |
| 66 | Oil of Winter Green 120ml | 20 | bottle(s) | | |
| 67 | Buscopan 10mg/tab | 200 | box(es) | | |
| 68 | ORS Sachet 100sachet/box | 2 | box(es) | | |
| 69 | BSI Muscle Spray (blue) | 10 | bottle(s) | | |
| 70 | Perskindol Muscle Spray | 10 | bottle(s) | | |

| | | | | | |
|----|--------------------------------|-----|---------|--|--|
| 71 | Salonpas 20patches/box | 5 | box(es) | | |
| 72 | Leukoplast 2.5cm x 5m | 10 | roll(s) | | |
| 73 | Micropore tape 2.5cm x 9.1m | 10 | roll(s) | | |
| 74 | Fucidin Intertulle | 5 | box(es) | | |
| 75 | Buscopan Venus 10mg 200pcs/box | 100 | box(es) | | |
| 76 | Eye Patch 50/box | 2 | box(es) | | |
| | ***nothing follows*** | | | | |
| | - | | | | |
| | ABC - Php 203,551.50 | | | | |
| | - | | | | |

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.

Posted at Phil GEPs

Printed Name & Signature of Authorized Canvasser

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

11-2019

Rev. 00

Effectivity Date August 15, 2017

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

Printed Name / Signature

Tel. No. / Cell phone No.

E-mail address

Date

Tin Number