



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal

Cp No. (63)918-9519618
urs.bacsecretariat2020@gmail.com

Date : 3/14/2023

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 3/21/23 to URS SPMO, Morong Rizal.

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

- NOTE: 1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN 30 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	Amoxicillin Trihydrate 500mg, 100 pcs/box	600	pc(s)		
2	Orahex Plus Mouthwash 500ml	7	bottle(s)		
3	Fuji IX Glass Ionomer Restorative Materials (P/L) Large	4	bottle(s)		
4	IRM Zinc Oxide Eugenol (P/L)	2	bottle(s)		
5	Orafil Plus Temporary Filling Materials, 40grms	4	bottle(s)		
6	Restorative Kit	1	kit(s)		
7	Disposable Latex Gloves (Medium	12	box(es)		
8	Disposable Dental Bib, 100pcs/pack	3	pack(s)		
9	Cotton Balls 300's/pack	5	pack(s)		
10	Gel foam	7	bag(s)		
11	Amoxicillin Trihydrate 250mg, 100 pcs/box	500	pc(s)		
12	Cloxacillin Sodium 500mg, 100 pcs/ box	600	pc(s)		
13	Mefenamic Acid 500mg, 100 pcs/ box	500	pc(s)		
14	Mefenamic Acid 250mg, 100 pcs/box	300	pc(s)		
15	Dental Needle G.27 (Short), 100pcs/box	200	pc(s)		
16	Dental Needle G.27 (Long), 100pcs/box	300	pc(s)		
17	Dental Anesthesia Lidocaine HCL, 50pcs/box	400	pc(s)		
18	Kamilosan Mspray Anti Inflammatory	5	bottle(s)		
19	Biogenic Alcohol Spray	10	bottle(s)		
	nothing follows				
	ABC - Php 59,405.00				

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.

Posted at Phil G. EPs

Printed Name & Signature of Authorized Canvasser

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

0397

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

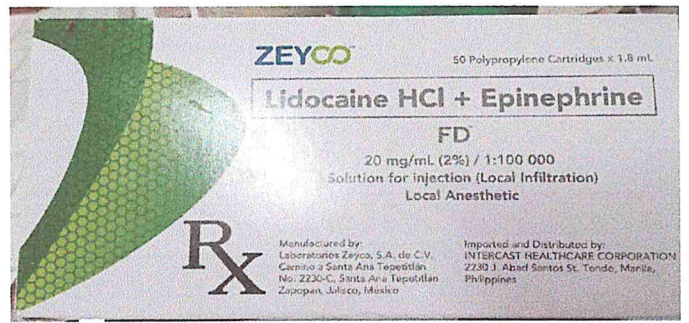
Date

Tin Number



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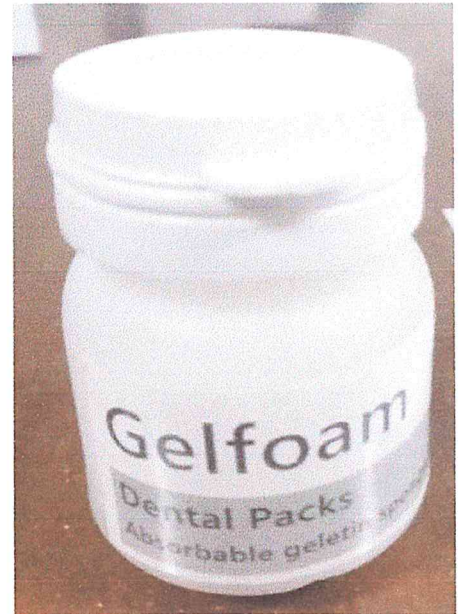
Orafil Plus Temporary Filling Materials, 40grms



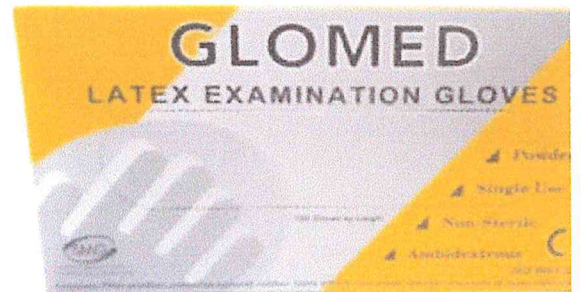
Dental Anesthesia Lidocaine HCL



Restorative Kit



Fuji IX Glass Ionomer Restorative Materials (P/L), Large



Dental

Handwritten signature



Dental Bib Disposable, 100s

[Visit](#)



Dental

Same