



# West Visayas State University

(Formerly Iloilo Normal School)

**HIMAMAYLAN CITY CAMPUS**

Brgy. Caradio-an, Himamaylan City, Negros Occidental, 6108

\* Tel. No. (034)-388-3300

\* Official Page: <https://www.facebook.com/westhimamaylan/>

\* Email Address: himamaylan@wvsu.edu.ph



## REQUEST FOR PRICE QUOTATION

Date: **MAR 26 2024**

Quotation No.: 24-03-007

Based on P.R. No.: 24-02-0291

Enduser: Himamaylan City Campus (CLINIC)

ABC: ₱ 50,000.00

Mode: SVP ( Section 53.9 )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the back page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **APR 02 2024** in a sealed envelope.

**ALMAR J. JAVA / M.Ed.**  
Chairperson, Bids & Awards Committee

- NOTE:
1. All entries must be in written in legible ink and if there are erasures the same should bear the initial of the authorized signatory
  2. Delivery period within Thirty (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 Procuring Entity
  4. Price Validity shall be for a period of 30 Calendar Days
  5. Phil-GEPS Registration Certificate of Registration Number shall be attached upon submission of the quotation
  6. Bidders shall submit original brochures showing certifications of the product being offered
  7. Include in your submitted quotation the following documents:
    - a.) Valid Current Mayor's Permit,
    - b.) Omnibus Sworn Statement
    - c.) BIR Registration and
    - d.) Latest ITR For above 500,000.00

Item No.	Articles/Description	Brand	Model	ABC/Unit Price	Unit	Qty.	Unit Price	Total Cost
1	Various Drugs and Medicines			₱ 50,000.00	lot	1		
<b>GRAND TOTAL</b>								

Voucher Acctg.

Price Validity: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name/Signature of Supplier

\_\_\_\_\_  
Date/Tel. No./Cellphone No. /Address

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
PhilGEPS Registration Number

Canvassed by:

## PROCUREMENT OF VARIOUS DRUGS AND MEDICINE

Item No	Item Description	Technical Specifications	ABC	Qty.	Unit	Brand	Unit Cost	Total Cost
1	Methyl Salicylate Menthol Eucalyptus oil	2.5 ml	80.00	20	bottle			
2	Zinc Oxide + Calamine Calmoseptine	3.5 g ointment anti-inflammatory/anti pruritus	80.00	10	sachet			
3	Methyl Salicyte Camphor + Menthol	25 ml extra strength	50.00	10	bottle			
4	Methyl Salicyte Cmphor + Menthol	50 ml Counter irritant	100.00	10	bottle			
5	Tetrahydrozoline HCl	15 ml Ophthalmic Drops Vasoconstriction	200.00	5	bottle			
6	Solution Antiseptic Skin Cleanser 60ml	60 ml	300.00	10	bottle			
7	Paracetamol, Branded (Safe for pregnant women)	500 mg	7.00	500	tablets			
8	Mefenamic Acid, Branded	500 mg	10.00	499	tablets			
9	Cetirizine Dihydrochloride tablet	10 mg Saphzine	8.00	500	tablets			
10	Carbocisteine Mucolytic	500 mg capsule	8.00	500	capsule			
11	Loperamide Hydrochloride, Branded	2 mg capsule	10.00	500	capsule			
12	Aluminum Hydroxide Magnesium Hydroxide Simeticone	Chewable Antacid/Antiflatulent	200.00	5	box			
13	Phenylpropanola mine Hydrochloride Chlorphenamine Maleate Paracetamol	25 mg/ 2 mg/ 325 mg tablet	8.00	500	tablets			
14	Clonidine Hydrochloride	75 mcg	40.00	50	tablets			
15	Hyoscine N- Butylbromide	10 mg	10.00	500	tablets			

16	Sodium Bicarbonate Calcium Carbonate	10 ml sachet	35.00	46	sachet			
17	Oral Rehydration Salts	Dehydrosol Powder for Oral Solution 5.575 g	500.00	10	box			
18	Salbutamol Nebule	1 mg/2.5 ml Hivent	50.00	10	pcs.			
19	Methyl Salicylate Camphor+Menth ol Painkiller Ointment	250ml	300.00	5	bottle			
<b>TOTAL</b>								

NAME AND SIGNATURE OF THE SUPPLIER: \_\_\_\_\_

DATE: \_\_\_\_\_