



REQUEST FOR QUOTATION (RFQ) No. 050-2022

Procurement Unit

The Tarlac State University (TSU), through its Bids and Awards Committee (BAC) and Procurement Unit, will undertake an **Alternative Method of Procurement through Negotiated Procurement** for the items stated below, in accordance with **Section 53.9 Small Value Procurement** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184.

The TSU hereinafter referred to as "the Buyer", now requests submission of a price quotation for the subject below:

Purchase Request No.	DESCRIPTION/PARTICULARS	APPROVED BUDGET FOR THE CONTRACT (ABC) inclusive of VAT
2022-02-026 (MSO)	VARIOUS MEDICAL SUPPLIES	615,455.00

Purpose: for main, san isidro & lucinda campus clinic use. (PPMP 2022)

Philgeps Posting: Active Date: 2/10/2022 Category: Medical Supplies & Laboratory Instrument
 Closing Date: 2/15/2022 Reference No.: 8413293

Interested suppliers are required to submit the following documents:

- Valid and Current Mayor's / Business Permit
- Latest Income / Business Tax Return
- Proof of PhilGeps Registration
- Omnibus Sworn Statement
- Brochure, if applicable

TSU Condition of Sale:

- Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
- Bid Validity: 120 calendar days from submission of bids
- Delivery Site: Supply and Property Management Unit, Tarlac State University
(045) 606-8159 / (045) 982-2605
- Warranty shall be for a period minimum of three (3) months of expendable supplies, or a supplies/equipment after acceptance by the procuring entity of the delivered

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

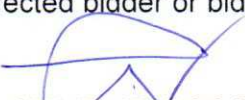
Any alteration, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative.

Submission of duly signed Price Quotation Form (Attachment 1-4) and eligibility documents is not later than 2/15/2022 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City.

Open submission may be done manually or through email at tsucanvassing@gmail.com / julietelaineacuna@yahoo.com / javy_carlos@yahoo.com

The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the underperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) percent of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The TSU reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract in accordance with Section 41 of R.A 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.


CARLOTA M. MARCOS
 Head, Procurement Unit

PRICE QUOTATION

Date: 2/8/2022
 RFQ No. 050-2022
 PR No. 2022-02-026 (MSO)

The Bids and Awards Committee
 c/o Procurement Unit
 TSU, Tarlac City
 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
1	Btl.	Alcohol, Ethyl, 70%, 500ml	125		
2	Tab	Amlodipine, 5mgs	300		
3	Btl.	Calamine + Dyphenhydramine	10		
4	Tab	Captopril 25 mgs	200		
5	Cap	Cefalexin 500 mgs	1,000		
6	Cap	Celecoxib 200 mgs	1,000		
7	Cap	Celecoxib 400 mgs	1,000		
8	Cap	Dextromethorphan HBr, phenylephrine HCl, paracetamol	600		
9	ampule	Diphenhydramine	50		
10	Tab	Domperidone	100		
11	Tab	Famotadine, Calcium Carbonate, Magnesium Hydroxide	500		
12	Bot/gal	Hand Sanitizer, 1000ml	40		
13	Ampule	Hyoscine N-Butylbromide 20mg/ml	30		
14	Softgel	Ibuprofen 200mg	400		
15	Softgel	Ibuprofen 400mg	400		
16	Amp	Ketorolac	10		
17	Tube	Lidocaine Hcl, injection 5 ml	10		
18	Cap	Loperamide	600		
19	Tab	Loratadine 10 mg	2,000		
20	Tube	Maxitrol, eyedrop	20		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours.

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
 E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____

PRICE QUOTATION

Date: 1/8/2022
 RFQ No. 050-2022
 PR No. 2022-02-026 (MSO)

The Bids and Awards Committee
 c/o Procurement Unit
 TSU, Tarlac City
 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
21	Tab	Meclizine	400		
22	Cap	Mefenamic Acid 500 mgs	1,000		
23	Ampule	Metoclopramide	10		
24	Tab	Metoclopramide 10mg	50		
25	Tube	Mometasone furoate	30		
26	Tube	Mupirocin	30		
27	Tube	Mupirocin + Betamethasone dipropionate	30		
28	Btl	Omega pain killer 120 ml PRO	20		
29	Cap	Omeprazole 40 mgs	1,500		
30	tab	Paracetamol 500 mg	5,000		
31	Tab	Phenylpropanolamine HCl, brompheniramine maleate	600		
32	tab	Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500	1,000		
34	Btl	Povidone Iodine 120ml	10		
35	Btl	Povidone-Iodine, 55g, Betadine dry powder spray 2.5% antiseptic, wound remedy	15		
36	Tube	Povidone-Iodine, betadine 10% topical ointment 5g	10		
37	Cap	Racecadotril 100mg	800		
38	Tab	Ranitidine Hcl 150 mg	300		
39	Tab	Salbutamol sulfate, bromhexine HCl, guaifenesin	1,000		
40	Tube	Silver Sulfadiazine	5		

Warranty _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____

PRICE QUOTATION

Date: 2/8/22
 RFQ No. 050-2022
 PR No. 2022-02-026 (MSO)

The Bids and Awards Committee
 c/o Procurement Unit
 TSU, Tarlac City
 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
41	Tube	Sodium Fusidate ointment	15		
42	Vial	Hydrocortisone sodium succinate 100 mg/2ml (Act-O-Vial)	30		
43	Vial	Sterile water for injection 50 ml, solvent	6		
44	Ampule	Tetanus Toxoid	30		
45	btl	Tobramycin eyedrop	15		
46	Amp	Tramadol	5		
47	Tube	Visine (refresh)	10		
48	Bot	0.9% Sodium chloride Solution for Irrigation 1000mL	5		
49	Bot	0.9% Sodium chloride Solution for IV Infusion 1000mL	5		
50	Bot	5% Dextrose in Lactated Ringer's Solution for IV Infusion 1000mL	5		
51	Cap	Plain Lactated Ringer's Solution for IV Infusion 1000ml	5		
52	Cap	Multivitamins	1,000		
53	Tab	Ascorbic acid/Sodium Ascorbate	1,000		
54	Tab	Vitamin B Complex	500		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
 Printed Name : _____
 Date : _____
 Company Name Registered : _____
E-mail Address : _____
 Contact no. : _____

BANK DETAILS:

Bank Name : _____
 Bank Address : _____
 Bank Account Name : _____
 Bank Account Number : _____



IGEPS
Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 8413293
Procuring Entity TARLAC STATE UNIVERSITY
Title VARIOUS MEDICAL SUPPLIES
Area of Delivery Tarlac

Solicitation Number: 050-2022	Status	Pending
Trade Agreement: Implementing Rules and Regulations		
Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification: Goods	Bid Supplements	0
Category: Medical Supplies and Laboratory Instrument	Document Request List	0
Approved Budget for the Contract: PHP 615,455.00	Date Published	10/02/2022
Delivery Period: 30 Day/s	Last Updated / Time	09/02/2022 11:30 AM
Client Agency:	Closing Date / Time	15/02/2022 17:00 PM
Contact Person: Juliet Elaine Acuna Canvasser Romulo Blvd. Tarlac City Tarlac Philippines 2300 63-045-6068157 julietelaineacuna@yahoo.com		

Description

Please see attached specifications

Line Items

Item No.	Product / Service Name	Description	Quantity	UOM	Budget (PHP)
1	Alcohol	Ethyl, 70%, 500ml	125	Bottle	25,000.00
2	Amlodipine	5mg	300	Tablet	3,000.00
3	Calamine + Dyphenhydramine	Calamine + Dyphenhydramine	10	Bottle	3,000.00
4	Captopril	25mg	200	Tablet	3,000.00
5	Cefalexin	500mg	1,000	Capsule	20,000.00
6	Celecoxib	200mg	1,000	Capsule	20,000.00
7	Celecoxib	400mg	1,000	Capsule	30,000.00
8	Dextromethorphan HBr, Phenylephrine HCl	Paracetamol	600	Capsule	12,000.00
9	Diphenhydramine	Diphenhydramine	50	Ampule	6,000.00
10	Domperidone	Domperidone	100	Tablet	1,800.00
11	Famotadine, Calcium Carbonate	Magnesium Hydroxide	500	Tablet	15,000.00
12	Hand Sanitizer	1000ml	40	Bottle	20,000.00
13	Hyoscine N-Butylbromide	20mg/ml	30	Ampule	1,200.00
14	Ibuprofen	Softgel 200mg	400	Piece	6,000.00
15	Ibuprofen	Softgel 400mg	400	Piece	10,000.00
16	Ketorolac	Ketorolac	10	Ampule	900.00
17	Lidocaine HCl	Injection 5ml	10	Tube	1,000.00
18	Loperamide	Loperamide	600	Capsule	7,200.00
19	Loratadine	10mg	2,000	Tablet	20,000.00