



REQUEST FOR QUOTATION

RFQ No. and Date : GSU2021-10-454 / 10.27.2021
PR No. and Date : GSU2021-10-459 / 10.14.2021

The DENR - Environmental Management Bureau XI (DENR-EMBXI) Bids and Awards Committee (BAC), through its General Services Unit under the Finance and Administrative Division, will undertake a Small Value Procurement for the "Supply and Delivery of Medicines" in accordance with Section 53.9 of the Implementing Rules and Regulation of the Republic Act No. 9184.

Name of Project : "Supply and Delivery of Medicines"
Approved Budget of the Contract : Five Thousand One Hundred Thirty Six Pesos Only (Php 5,136.00)
Specifications : See the attached Annex "A" for specifications
Location : DENR - Environmental Management Bureau XI, 3rd Avenue corner V. Guzman St. Brgy. 27-C, Sta. Ana, Davao City
Delivery Term : Fifteen-Thirty (15-30) days upon receipt of Purchase Order

Interested suppliers are required to submit their valid and current Mayor's Permit, PhilGEPS Registration Number, Bank Details, and price quotation form (Annex "A") during submission of offer/quotation.

Award of contract shall be made to the lowest calculated responsive quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form.

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

Submission of quotation and eligibility documents is on or before **4th of November** at the Procurement Unit, 3rd corner V. Guzman St., Brgy. 27-C, Sta. Ana, Davao City. Open submission may be submitted, manually or through email.

For inquiry, you may contact us at telephone no. (082) 234-0061 local 110 or email embxiprocurement@emb.gov.ph / ravanesityannravan@gmail.com .

Very truly yours,

MARY CHRISTY A. SAJORGA
OIC, Administrative Section

PRICE QUOTATION FORM

Date: _____

The Procurement Unit
 DENR - Environmental Management Bureau XI
 3rd Avenue corner V. Guzman St. Brgy. 27-C,
 Sta. Ana, Davao City

Sir/Madam:

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

DESCRIPTION	SPECIFICATIONS	QTY/ UNIT	UNIT PRICE	TOTAL PRICE
Supply and Delivery of Medicines	Mediplast Bantam Strips, 100 Pcs	2 Boxes		
	Betadine Soin, 15ml	1 Bottle		
	Eye Mo for red eyes formula 7.5ml	1 Bottle		
	Cotton Balls, 50pcs/pack	2 Packs		
	Washproof Plasters, 25sheets/box	3 Boxes		
	Paracetamol Bioflu 500mg tablet, 5tabs/pad	4 Pads		
	Saridon 500mg tablet, 8pcs/pad	4 Pads		
	Cetirizine 10mg Tab Cetzy	10 Pcs		
	Imodium 2mg, 10caps/pack	2 Packs		
	Neozep forte tablet, 500mg, 10pcs/pad	2 Pads		
	Diatabs capsule 2mg, 4cap/pack	4 Packs		
	Buscopan Tablet 10mg, 4tabs/pack	2 Packs		
	Mefenamic Acid (Dolfenal) Tablet, 500mg	10 Tabs		
	Kremil-S Tablet 500mg (Antiflatulent)	10 Tabs		
	Amoxicilin 500mg capsule	10 Caps		
*Inclusive of Delivery/Total (Inclusive of VAT)				

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/ Signature of Representative_____
Name of Company_____
Contact No.

TECHNICAL SPECIFICATIONS

Bidders/Suppliers must state "Comply" in the column "Statement of Compliance" against each of the individual parameters of each "Specification". Please do not just place check in the bidder's "Statement of Compliance".

ITEM	TECHNICAL SPECIFICATIONS	QTY/ UNIT	BIDDER'S OFFER	BIDDER'S STATEMENT OF COMPLIANCE
Supply and Delivery of Medicines	Mediplast Bantam Strips, 100 Pcs	2 Boxes		
	Betadine Soin, 15ml	1 Bottle		
	Eye Mo for red eyes formula 7.5ml	1 Bottle		
	Cotton Balls, 50pcs/pack	2 Packs		
	Washproof Plasters, 25sheets/box	3 Boxes		
	Paracetamol Bioflu 500mg tablet, 5tabs/pad	4 Pads		
	Saridon 500mg tablet, 8pcs/pad	4 Pads		
	Cetirizine 10mg Tab Cetzy	10 Pcs		
	Imodium 2mg, 10caps/pack	2 Packs		
	Neozep forte tablet, 500mg, 10pcs/pad	2 Pads		
	Diatabs capsule 2mg, 4cap/pack	4 Packs		
	Buscopan Tablet 10mg, 4tabs/pack	2 Packs		
	Mefenamic Acid (Dolfenal) Tablet, 500mg	10 Tabs		
	Kremil-S Tablet 500mg (Antiflatulent)	10 Tabs		
	Amoxicilin 500mg capsule	10 Caps		

I hereby certify to comply with all the above Technical Specifications.

Name of Company/Bidder

Signature over Printed Name of Representative

Date