

## REQUEST FOR QUOTATION

DATE	09-Jun-25				
PROJECT TITLE	Procurement of medicines for the conduct of Revised K-12 Curriculum Training for Grade 2,3,5 and 8 Teacher.				
Quotation Number	Pang2-Quo-25-06-0073				
Company Name		Date:			
Address					
Contact Number					
PhilGeps Registration No.		_			

## TERMS AND CONDITIONS

- 1. Bidders shall provide correct and accurate information required by this form.
- 2. Price quotation must be valid for thirty (30)calendar days from the date of submission.
- 3. Price quotation shall include all taxes, duties and levies payable.
- 4. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder.
- $5. Item\!/\!s$  shall be delivered according to its technical specification.
- 6.Please attach the following documents together with this document:
  - a. PhilGeps Registration Certificate
  - b. Business/Mayor's Permit
  - c. DTI Registration/SEC Registration
  - d. Certificate of Registration (COR)
  - e. Omnibus Sworn Statement
  - f. TAX CLEARANCE CERTIFICATE

**Note:** Please quote your lowest price for the item/s listed below, subject to the Terms and Conditions and submit your duly signed quotation on **June 13, 2025 @ 9:00 AM** in a SEALED ENVELOPE. It must be duly received by the BAC Secretariat through manual submission.

MARCIANO U. SORIANO, JR. BAC Chaiperson

Item No.	Items and Description	Quantity	Unit of Measure	Unit Price	Total Price
1	Paracetamol 500 mg/tablet	350	tablets		
2	Phenylpropanolamine Hydrochloride/tablet	7	box		
3	Ibuprofen /tablet	5	box		
4	Loperamide /capsule	3	box		
5	Hyocine 10mg /tab	5	box		
6	Mefenamic Acid 500mg/cap	7	box		
7	Clonidine 75mcg/tab	5	box		
8	Ambroxol 30mg/tab	2	box		
9	Ascof 60mg/tab	5	box		
10	Kremil-S / tab	6	box		
11	Cetirizine 10mg/tab	5	box		
12	Betahistine 16mg/tab	5	box		
13	Whiteflower 10ml	36	bottles		
14	Strepsils Sachet	2	box		
15	Alcohol 500ml	50	bottles		
16	Cotton balls	25	packs		
17	Omeprazole	100	tablets		
pproved l	Budget for the Contract : Php 44,920.00			TOTAL	

Supplier's/Bidder's Authorized Representative Signature Over Printed Name

Date:\_\_\_\_\_







Address: Canarvacanan, Binalonan, Pangasinan Telephone Number: (075) 523-8665 Email: pang2procurement@deped.gov.ph