



REQUEST FOR QUOTATION

The Western Mindanao State University, through its Bids and Awards Committee (BAC), is inviting PhilGEPS registered suppliers to apply for eligibility and to submit bids for the item mentioned hereunder:

Name of Project: **Procurement of Various Medications for the University Health Services Center (UHSC)**

Approved Budget Cost: **PHP 183,625.00**

Purchase Request No.: **PR 24-10-498**

Closing Date: **October 30, 2024 9:30 AM**

Description:

- 1.) *Thirty (30) boxes of Dextrometorphane + Phenylpropanolamine + Paracetamol 15 mg/25 mg/325 mg/tablet, 100 tablets/box, FDA-approved, expiration at least 2 years from date of delivery*
- 2.) *Twenty (20) boxes of Meclizine 25 mg/chewable tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery*
- 3.) *Fifty-Five (55) boxes of Mefenamic Acid 500 mg/tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery*
- 4.) *Thirty (30) boxes of Omeprazole 40 mg/tablet, 70 tablets/box, FDA-approved, expiration at least 2 years from date of delivery*
- 5.) *Fifty (50) boxes of Phenylpropanolamine + Chlorpheniramine + Paracetamol 25 mg/2 mg/325 mg/tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery*
- 6.) *Twenty (20) boxes of Povidone-Iodine 10% Wound Solution 500 ml/bottle (in sealed bottles), FDA-approved, expiration at least 2 years from date of delivery*
- 7.) *Ten (10) ampules of Salbutamol 1 mg/ml, 2.5 ml per nebule/ampule, 30 nebulas/ampules per box, FDA-approved, expiration at least 2 years from date of delivery*
- 8.) *Five (5) boxes of Clonidine 75 mcg/tablet, 100 tablets/box, FDA-approved, expiration at least 2 years from date of delivery*

The criteria to be used for the eligibility check of the prospective bidders, examination and evaluation of bids, post-qualification and all matters relevant to this procurement shall be in accordance with Republic Act. No. 9184 (The Government Procurement Reform Act) and its Implementing Rules and Regulations.

Pursuant to Annex "H" documentary requirements interested bidders are required to submit their valid and current Mayor's Permit, PhilGEPS Registration and other relevant documents (if necessary), upon the submission of quotation.



Republic of the Philippines
WESTERN MINDANAO STATE UNIVERSITY
BIDS AND AWARDS COMMITTEE FOR GOODS
Normal Road, Baliwasan Zamboanga City
Telefax.: 062-991-1771 loc 1003
www.wmsu.edu.ph



Award of contract shall be made to the lowest calculated and responsive bid, which complies with the necessary 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 initiated by the bidder or his/her duly authorized representative/s.

Submission of Quotation and eligibility documents is on or before October 30, 2024 9:30 AM at the BAC Office, 2nd Floor, Admin Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email (bac@wmsu.edu.ph) or through facsimile at (062) 991-1771 loc 1003

For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062) 991-1771 loc 1003

The WESTERN MINDANAO STATE UNIVERSITY reserves the right to reject any or all Bids and to accept the bid most advantageous to the government, and to award the contract by lot, if warranted.

REQUEST FOR QUOTATION

Western Mindanao State University

Quotation No.: _____

PR No.: **24-10-498**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than OCT 31 2024 at **9:30 A.M.** in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

JOSELITO D. MADROÑAL, DPA
BAC Chairperson for GOODS

NOTE:

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD _____ CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER.
- 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS. ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY
- 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
- 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.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost
1.	30	boxes	Dextrometoprophan + Phenylpropanolamine + Paracetamol 15 mg/25 mg/325 mg/tablet, 100 tablets/box, FDA-approved, expiration at least 2 years from date of delivery. 1,400.00/boxes.	P42,000.00		
2.	20	boxes	Meclizine 25 mg/chewable tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery . 1,400.00/boxes.	P28,000.00		
3.	55	boxes	Mefenamic Acid 500 mg/tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery. 235.00/boxes.	P12,925.00		
4.	30	boxes	Omeprazole 40 mg/tablet, 70 tablets/box, FDA-approved, expiration at least 2 years from date of delivery . 400.00/boxes.	P12,000.00		
5.	50	boxes	Phenylpropanolamine + Chlorpheniramine +Paracetamol 25 mg/2 mg/325 mg/tablet, 100 tablets/box FDA-approved, expiration at least 2 years from date of delivery. 1,500.00/boxes.	P75,000.00		
6.	20	boxes	Povidone-Iodine 10% Wound Solution 500 ml/bottle (in sealed bottles), FDA-approved, expiration at least 2 years from date of delivery. 300.00/boxes.	P6,000.00		

EPS Reference Number : _____
 EPS Solicitation Number : _____
 EPS Closing Date : _____

Brand & Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

PhilGEPS Certificate No.: _____
Certificate Reference No.: _____

REY ESPIRITUSANTO
REY ESPIRITUSANTO / JORGE CONCEPCION / DANNI VINCENT VILLAREAL
 Canvasser

 Printed Name/Signature

 Tel. No./Cellphone #

 Date

REQUEST FOR QUOTATION

Western Mindanao State University

Quotation No.: _____

PR No.: **24-10-498**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 10:30 A.M. in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

OCT 30 2016

JOSELITO D. MADROÑAL, DPA
 BAC Chairperson for GOODS

NOTE:

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD _____ CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER.
- 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS. ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY
- 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
- 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

7.	10	ampules	Salbutamol 1 mg/ml, 2.5 ml per nebule/ampule, 30 nebulas/ampules per box, FDA-approved, expiration at least 2 years from date of delivery. 370.00/ampules.	P3,700.00		
8.	5	boxes	Clonidine 75 mcg/tablet, 100 tablets/box, FDA-approved, expiration at least 2 years from date of delivery . 800.00/boxes.	P4,000.00		

Total: _____

EPS Reference Number : _____
 EPS Solicitation Number : _____
 EPS Closing Date : _____

Brand & Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

PhilGEPS Certificate No.: _____
Certificate Reference No.: _____

POSTED BY: [Signature]
REY ESPIRITUSANTO / JORGE CONCEPCION / DANNI VINCENT VILLAREAL
 Canvasser

 Printed Name/Signature

 Tel .No./Cellphone #

 Date