



Republic of the Philippines
WESTERN MINDANAO STATE UNIVERSITY
Zamboanga City
Telephone No.: 062-991-7875
www.wmsu.edu.ph

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: **Supply and Delivery of Various Medicine for the University Health Services**

Approved Budget Cost: **Php 324,050.00**

Purchase Request No.: **PR 23-01-024**

Closing Date: **March 6, 2023 @ 10AM**

Description:

- 1.) Fifty (50) box of Acrinol Strips - 100 strips/box.
- 2.) Fifty (50) box of Ambroxol 30mg, 100's/box.
- 3.) Fifty (50) box of Amoxicillin Capsule, 500mg, 100's/box.
- 4.) One (1) GAL of Antiseptic Solution gallon (Alkyl + dimethyl benzyl ammonium 10% +Ethanol 58%).
- 5.) Three (3) box of Betahistine 16mg 100's/box.
- 6.) Twenty (20) tube of Betamethasone Cream, 20mg.
- 7.) Ten (10) box of Bromhexine 8mg, 100's/box.
- 8.) Ten (10) box of Butamirate 75mg, 100's/box.
- 9.) Five (5) box of Celecoxib 400mgtab, 100's/box.
- 10.) Five (5) box of Clarythromycin 500mg, 100's/box.
- 11.) Five (5) box of Cloxacillin 500mg, 100's/box.
- 12.) Ten (10) box of Dexamethasone Polymyxin B Eyedrops.
- 13.) Ten (10) box of Dextromethorpan 10mg, 100's/box.
- 14.) Ten (10) box of Hyoscinebutylbromide 10mg, 100's/box.
- 15.) Ten (10) tube of Ketoconazole Cream, 20mg tube.
- 16.) Ten (10) box of Loperamide 4mg, 100's/box.
- 17.) Ten (10) box of Mefenamic Cap 500mg, 100's/box.
- 18.) Five (5) box of Metoclopramide 10mg, 100's/box.
- 19.) Ten (10) box of Multivitamins plus ZINC 100's/box.
- 20.) Ten (10) tube of Mupirocin Ointment , 20mg/tube.
- 21.) Ten (10) box of Omeprazole 40mg, 100's/box.

- 22.) Twenty (20) box of Paracetamol Tab. 500mg, 100's /box.
- 23.) Twenty (20) box of Phenylpropanolamine/chlorphenamine/Paracetamol 25mg/2mg/500mg.
- 24.) Ten (10) box of Salbutamol (generics) Tab 2mg, 100's/box.
- 25.) Twenty (20) PACK of Salbutamol Nebule 5's/pack.
- 26.) Seven Hundred Fifty (750) TAB of Azithromycin 500mg tab.
- 27.) Five Hundred (500) TAB of Acetylcysteine 600mg Effervescent tab.
- 28.) Fifty (50) bot of Paracetamol 250mg/5 syrup.
- 29.) Thirty (30) bot of Mefenamic 50mg/5 syrup.
- 30.) Fifty (50) bot of phenyl/chlorphenamine/paracetamol 6.25/125mg/125mg per 5ml.
- 31.) Twenty (20) bot of cetirizine 1mg/1ml syrup.
- 32.) Twenty (20) bot of dicycloverine 10mg/5ml syrup.
- 33.) Twenty (20) bot of Metoclopramide 5mg/5ml syrup.
- 34.) Nine Hundred (900) TAB of CO-amoxiclav 500/125mg tab.
- 35.) Five Hundred (500) TAB of ciprofloxacin 500mg taB.
- 36.) Five Hundred (500) TAB of gentamicin 40mg tab.
- 37.) Fifteen (15) box of AMLODIPINE + LOSARTAN 5MG/50MG 30/BOX.
- 38.) Ten (10) box of AMLODIPINE 5MG TAB 100/BOX.
- 39.) Ten (10) box of LOSARTAN 50MG 100/BOX.
- 40.) Twenty (20) box of Doxycyline 100mg cap. 100's / box.

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.

Interested bidders are required to submit their valid and current Mayor's Permit and PhilGEPS Registration, upon the submission of quotation.

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 March 6, 2023 at the BAC Office, Ground Floor Executive Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email (bacsecretariate@wmsu.edu.ph) or through facsimile at (062)991-7875. For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062)991-7875.

REQUEST FOR QUOTATION

Western Mindanao State University

Quotation No.: _____

PR No.: PR-23-01-024

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 MAR 06 2023 at 10:00 AM in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

FREDELINO M. SAN JUAN, Ph.D.
BAC Chair

NOTE:

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD WITHIN 10 CALENDAR DAYS FROM THE 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 Contract (ABC)	Unit Cost	Total Cost
1.	50	Boxes	Acrinol Strips - 100 strips/box	P 5,000.00		
2.	50	Boxes	Ambroxol 30mg, 100's/box	P 5,000.00		
3.	50	Boxes	Amoxicillin Capsule, 500mg, 100's/box	P 15,000.00		
4.	1	Gallons	Antiseptic Solution Gallon (Alkyl + Dimethyl Benzyl Ammonium 10% + Ethanol 58%)	P 1,500.00		
5.	3	Boxes	Betahistine 16mg 100's/box	P 3,600.00		
6.	20	Tubes	Betamethasone Cream, 20mg	P 4,000.00		
7.	10	Boxes	Bromhexine 8mg, 100's/box	P 1,000.00		
8.	10	Boxes	Butamirate 75mg, 100's/box	P 15,000.00		
9.	5	Boxes	Celecoxib 400mg/tab, 100's/box	P 7,500.00		
10.	5	Boxes	Clarithromycin 500mg, 100's/box	P 10,000.00		
11.	5	Boxes	Cloxacillin 500mg, 100's/box	P 1,000.00		
12.	10	Boxes	Dexamethasone Polymyxin B Eyedrops	P 2,500.00		
13.	10	Boxes	Dextromethorpan 10mg, 100's/box	P 1,000.00		
14.	10	Boxes	Hyoscinebutylbromide 10mg, 100'	P 9,000.00		
15.	10	Tubes	Ketoconazole Cream, 20mg tube	P 3,000.00		
16.	10	Boxes	Loperamide 4mg, 100's/box	P 1,000.00		
17.	10	Boxes	Mefenamic Cap 500mg, 100's/box	P 2,000.00		
18.	5	Boxes	Metoclopramide 10mg, 100's/box	P 1,500.00		
19.	10	Boxes	Multivitamins plus Zinc 100's/box	P 5,000.00		
20.	10	Tubes	Mupirocin Ointment, 20mg/tube	P 2,000.00		
<i>Note: For the University Health Services of the University.</i>						

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

Total:
 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 Registration No.: _____
Certificate Reference No.: _____

REYNANTE ESPIRITUSANTO / JORGE CONCEPCION / RALPH JUDE LLACUÑA
 Canvasser

Printed Name/Signature

Tel. No./Cellphone #

Date

REQUEST FOR QUOTATION

Western Mindanao State University

Quotation No.: _____

PR No.: PR-23-01-024

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 MAR 06 2023 at 10:00 AM in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

FREDELINO M. SAN JUAN, Ph.D.

BAC Chair

NOTE:

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD WITHIN **10** CALENDAR DAYS FROM THE 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
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Item No.	Qty	Unit	Item and Description	Approved Budget for Contract (ABC)	Unit Cost	Total Cost
21.	10	Boxes	Omeprazole 40mg, 100's/box	P 4,000.00		
22.	20	Boxes	Paracetamol Tab, 500mg, 100's/box	P 4,000.00		
23.	20	Boxes	Phenylpropanolamine/chlorphenamine/PAracetamol 25mg/2mg/500mg	P 4,400.00		
24.	10	Boxes	Salbutamol (generics) Tab 2mg, 100's/box	P 1,000.00		
25.	20	Packs	Salbutamol Nebule 5's/pack	P 2,000.00		
26.	750	Tab	Azithromycin 500mg tab	P 93,750.00		
27.	500	Tab	Acetylcysteine 600mg Effervescent tab	P 25,000.00		
28.	50	Bottles	Paracetamol 250mg/5 syrup	P 1,500.00		
29.	30	Bottles	Mefenamic 50mg/5 syrup	P 1,200.00		
30.	50	Bottles	Phenyl/Chlorphenamine/PAracetamol 6.25/125mg/125mg per 5ml	P 2,500.00		
31.	20	Bottles	Cetirizine 1mg/1ml syrup	P 1,000.00		
32.	20	Bottles	Dicycloverine 10mg/5ml syrup	P 800.00		
33.	20	Bottles	Metoclopramide 5mg/5ml syrup	P 800.00		
34.	900	Tab	Co-amoxiclav 500/125mg tab	P 36,000.00		
35.	500	Tab	Ciprofloxacin 500mg tab	P 12,500.00		
36.	500	Tab	Gentamicin 40mg tab	P 20,000.00		
37.	15	Boxes	Amlodipine + Losartan 5mg/50mg 30/box	P 9,000.00		
38.	10	Boxes	Amlodipine 5mg tab 100/box	P 2,000.00		
39.	10	Boxes	Losartan 50mg 100/box	P 2,000.00		
40.	20	Boxes	Doxycycline 100mg cap. 100's/box	P 2,000.00		
<i>Note: For the University Health Services of the University.</i>						

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REYNANTE ESPIRITUSANTO / JORGE CONCEPCION / RALPH JUDE LLACUÑA
 Canvasser

 Printed Name/Signature

 Tel. No./Cellphone #

 Date