



REQUEST FOR QUOTATION (RFQ) No. 091-2021

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 Shopping** for the items stated below, in accordance with **Section 52.1(b)** 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 |
|----------------------|-------------------------|---|
| 2021-02-052 (MSO) | VARIOUS MEDICINES | 683,900.00 |

Purpose: PPMP 2021 (medicine)

Philgeps Posting: Active Date: 2/19/21 Category: Medicines
 Closing Date: 2/25/21 Reference No.: 7484901

Interested suppliers are required to submit the following documents:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Valid and Current Mayor's / Business Permit | <input checked="" type="checkbox"/> Latest Income / Business Tax Return |
| <input checked="" type="checkbox"/> Proof of PhilGeps Registration | <input checked="" type="checkbox"/> Omnibus Sworn Statement |
| | <input type="checkbox"/> Brochure, if applicable |

TSU Condition of Sale:

1. Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
2. Bid Validity: 20 calendar days from submission of bids
3. Delivery Site: Supply and Property Management Unit, Tarlac State University
(045) 606-8159 / (045) 982-2605
4. Warranty shall be for a period minimum of three (3) months of expandable 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 2/25/21 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: 2/12/21
 RFQ No. 091-2021
 PR No. 2021-02-052 (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, 70%, 500 ml Isopropyl alcohol | 150 | | |
| 2 | bot | 0.9% Sodium chloride Solution for IV Infusion 1000mL | 3 | | |
| 3 | bot | 5% Dextrose in Lactated Ringer's Solution for IV Infusion 1000mL | 3 | | |
| 4 | tab | Aluminum Hydroxide, Magnesium Hydroxide, Simeticone | 500 | | |
| 5 | tab | Amlodipine 5mgs | 100 | | |
| 6 | cap | Ascorbic acid/Sodium Ascorbate | 1000 | | |
| 7 | tab | Captopril 25 mgs | 200 | | |
| 8 | cap | Cefalexin 500 mgs | 100 | | |
| 9 | cap | Celecoxib 200 mgs | 800 | | |
| 10 | cap | Ciprofloxacin 500mg | 1000 | | |
| 11 | cap | Clindamycin 300 mgs | 2000 | | |
| 12 | tab | Co-Amoxiclav 625mg | 1000 | | |
| 13 | btl | Cool Spray | 15 | | |
| 14 | cap | Dextromethorphan HBr, phenylephrine HCl, paracetamol | 200 | | |
| 15 | ampule | Diphenhydramine | 30 | | |

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: 2/18/21
 RFQ No. 091-2021
 PR No. 2021-02-052 (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 |
|----------|---------|--|----------|------------|-------------|
| 16 | tab | Doxofylline 400mg | 200 | | |
| 17 | tab | Famotadine, Calcium Carbonate, Magnesium Hydroxide | 200 | | |
| 18 | bot/gal | Hand Sanitizer 500ml | 30 | | |
| 19 | Vial | Hydrocortisone sodium succinate 100 mg/2ml (Act-O-Vial) | 15 | | |
| 20 | tab | Hyoscine N-Butylbromide + Paracetamol 10mg/500mg (Advance) | 500 | | |
| 21 | tab | Hyoscine N-Butylbromide 10mg | 500 | | |
| 22 | cap | Ibuprofen + Paracetamol 200mg/325mg | 100 | | |
| 23 | softgel | Ibuprofen 200mg | 200 | | |
| 24 | tube | Ketoprofen gel | 10 | | |
| 25 | amp | Ketorolac | 5 | | |
| 26 | tube | Lidocaine Hcl, injection 5 ml | 5 | | |
| 27 | cap | Loperamide | 200 | | |
| 28 | tab | Loratadine 10 mg | 3000 | | |
| 29 | tube | Maxitrol eyedrop | 10 | | |

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: 20/12/21
 RFQ No. 091-2021
 PR No. 2021-02-052 (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 |
|----------|--------|--|----------|------------|-------------|
| 30 | tab | Meclizine | 500 | | |
| 31 | cap | Mefenamic Acid 500 mgs | 200 | | |
| 32 | ampule | Metoclopramide | 10 | | |
| 33 | tab | Metoclopramide 10mg | 50 | | |
| 34 | tube | Mometasone furoate | 10 | | |
| 35 | cap | Multivitamins | 1000 | | |
| 36 | tube | Mupirocin | 15 | | |
| 37 | tube | Mupirocin + Betamethasone dipropionate | 15 | | |
| 38 | cap | Omeprazole 40 mgs | 1000 | | |
| 39 | tab | Paracetamol 500mg | 5000 | | |
| 40 | tab | Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu) | 300 | | |
| 41 | tab | Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep) | 300 | | |
| 42 | tab | Phenylpropanolamine HCl, brompheniramine maleate. | 200 | | |
| 43 | btl | Povidone Iodine 120ml | 10 | | |
| 44 | box | Povidone Iodine swabstick | 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: 2/12/21
 RFQ No. 091-2021
 PR No. 2021-02-052 (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 |
|----------|--------|---|----------|------------|-------------|
| 45 | btl | Povidone-Iodine 55g, Betadine dry powder spray 2.5% antiseptic, wound remedy | 10 | | |
| 46 | tube | Povidone-Iodine, betadine 10% topical ointment 5g | 5 | | |
| 47 | tab | Prednisone 20mg | 500 | | |
| 48 | cap | Racecadotril 100mg | 500 | | |
| 49 | tab | Ranitidine Hcl 150 mg | 100 | | |
| 50 | nebule | Salbutamol nebules | 30 | | |
| 51 | tab | Salbutamol sulfate, bromhexine HCl, guaifenesin | 1000 | | |
| 52 | tube | Silver Sulfadiazine | 5 | | |
| 53 | tube | Sodium Fusidate ointment | 5 | | |
| 54 | Vial | Sterile water for injection 50 ml, solvent PARENTERAL prep | 5 | | |
| 55 | ampule | Tetanus Toxoid | 10 | | |
| 56 | btl | Tobramycin eyedrop | 10 | | |
| 57 | amp | Tramadol | 10 | | |
| 58 | tube | Visine (refresh) | 5 | | |
| 59 | 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 : _____



PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7484901
Procuring Entity TARLAC STATE UNIVERSITY
Title Various Medicines
Area of Delivery Tarlac

| | | | |
|--|---|------------------------------|---------------------|
| Solicitation Number: | 091-2021 | Status | Pending |
| Trade Agreement: | Implementing Rules and Regulations | Associated Components | 3 |
| Procurement Mode: | Shopping - Ordinary/Regular Office Supplies & Equipment (Sec. 52.1.b) | Bid Supplements | 0 |
| Classification: | Goods | Document Request List | 0 |
| Category: | Drugs and Medicines | Date Published | 19/02/2021 |
| Approved Budget for the Contract: | PHP 683,900.00 | Last Updated / Time | 18/02/2021 17:51 PM |
| Delivery Period: | 30 Day/s | Closing Date / Time | 25/02/2021 13:00 PM |
| Client Agency: | | | |
| Contact Person: | Juliet Elaine Acuna Cariyasser Romulo Blvd. Tarlac City Tarlac Philippines 2300 63-045-6068157 julietelaineacuna@yahoo.com | | |

Description

For MSO use:

Line Items

| Item No. | Description | Quantity | Unit | Estimated Price (PHP) |
|----------|--|----------|---------|-----------------------|
| 1 | Alcohol, 70%, 500 ml Isopropyl alcohol | 150 | Bottle | 30,000.00 |
| 2 | 0.9% Sodium chloride Solution for IV Infusion 1000 | 3 | Bottle | 600.00 |
| 3 | 5% Dextrose in Lactated Ringer's Solution for IV infusion 1000ml | 3 | Bottle | 600.00 |
| 4 | Aluminium Hydroxide, Magnesium Hydroxide, Simeticone | 500 | Tablet | 7,500.00 |
| 5 | Amlodipine 5mg | 100 | Tablet | 1,000.00 |
| 6 | Ascorbic Acid/ Sodium Ascorbate | 1,000 | Capsule | 20,000.00 |
| 7 | Captopril 25mg | 200 | Tablet | 3,000.00 |
| 8 | Cefalexin 500mg | 100 | Capsule | 1,000.00 |
| 9 | Celecoxib 200 mgs | 800 | Capsule | 16,000.00 |
| 10 | Ciprofloxacin 500mg | 1,000 | Capsule | 65,000.00 |
| 11 | Clindamycin 300mgs | 2,000 | Capsule | 50,000.00 |
| 12 | Cg-Amoxiclav 625mg | 1,000 | Tablet | 75,000.00 |
| 13 | Cool Spray | 15 | Bottle | 10,500.00 |
| 14 | Dextromethorphan HBr phenylephrine HCl, Paracetamol | 200 | Capsule | 4,000.00 |
| 15 | Diphenhydramine | 30 | Ampule | 3,600.00 |
| 16 | Doxofylline 400mg | 200 | Tablet | 5,000.00 |
| 17 | Famotadine, Calcium Carbonate, Magnesium Hydroxide | 200 | Tablet | 6,000.00 |
| 18 | Hand Sanitizer 500ml | 30 | Bottle | 15,000.00 |
| 19 | Hydrocortisone sodium succinate 100mg/2ml | 15 | Vial | 12,000.00 |

| | | | | | |
|----|--|----------------------------------|-------|---------|-----------|
| 21 | Hyoscine N-Butylbromide | 100mg | 500 | Tablet | 17,500.00 |
| 22 | Ibuprofen+paracetamol | 200mg/325mg | 100 | Capsule | 1,500.00 |
| 23 | Ibuprofen | 200mg | 200 | Capsule | 3,000.00 |
| 24 | Ketoprofen | gel | 10 | Tube | 5,000.00 |
| 25 | Ketorolac | Ketorolac | 5 | Ampule | 450.00 |
| 26 | Lidocaine Hcl. | injection 5ml | 5 | Tube | 500.00 |
| 27 | Loperamide | Loperamide | 200 | Capsule | 2,400.00 |
| 28 | Loratadine | 10mg | 3,000 | Tablet | 30,000.00 |
| 29 | Maxitrol | eyedrop | 10 | Tube | 5,000.00 |
| 30 | Meclizine | Meclizine | 500 | Tablet | 7,500.00 |
| 31 | Mefenamic Acid | 500mgs | 200 | Capsule | 3,000.00 |
| 32 | Metoclopramide | Metoclopramide | 10 | Ampule | 1,500.00 |
| 33 | Metoclopramide | 10mg | 50 | Tablet | 500.00 |
| 34 | Mometasone furoate | Mometasone furoate | 10 | Tube | 6,000.00 |
| 35 | Multivitamins | Multivitamins | 1,000 | Capsule | 30,000.00 |
| 36 | Mupirocin | Mupirocin | 15 | Tube | 15,000.00 |
| 37 | Mupirocin+ Betamethasone | dipropionate | 15 | Tube | 15,000.00 |
| 38 | Omeprazole | 40mgs | 1,000 | Capsule | 30,000.00 |
| 39 | Paracetamol | 500mg | 5,000 | Tablet | 45,000.00 |
| 40 | Phenylephrine, Chlorphenamine, Paracetamol | 10mg/2mg/500 (bioflu) | 300 | Tablet | 3,000.00 |
| 41 | Phenylephrine, Chlorphenamine, Paracetamol | 10mg/2mg/500 (neozep) | 300 | Tablet | 3,000.00 |
| 42 | Phenylpropanolamine HCl. | brompheniramine maleate | 200 | Tablet | 4,000.00 |
| 43 | Povidone Iodine | 120ml | 10 | Bottle | 3,500.00 |
| 44 | Povidone Iodine | Swabstick | 20 | Box | 12,000.00 |
| 45 | Povidone-Iodine 55g, betadine dry powder spray | 2.5% antiseptic, wound remedy | 10 | Bottle | 5,000.00 |
| 46 | Povidone-Iodine, | betadine 10% topical ointment 5g | 5 | Tube | 2,500.00 |
| 47 | Prednisone | 20mg | 500 | Tablet | 6,000.00 |
| 48 | Racecadotril | 100mg | 500 | Capsule | 25,000.00 |
| 49 | Ranitidine Hcl | 150mg | 100 | Tablet | 1,000.00 |
| 50 | Salbutamol | nebules | 30 | Nebule | 750.00 |
| 51 | Salbutamol sulfate, | bromhexine HCl, guaifenesin | 1,000 | Tablet | 30,000.00 |
| 52 | Silver Sulfadiazine | Silver Sulfadiazine | 5 | Tube | 5,000.00 |
| 53 | Sodium Fusidate | ointment | 5 | Tube | 5,000.00 |
| 54 | Sterile water for injection 50ml, | solvent Parenteral prep | 5 | Vial | 1,000.00 |
| 55 | Tetanus | Toxoid | 10 | Ampule | 2,000.00 |
| 56 | Tobramycin | eyedrop | 10 | Bottle | 3,000.00 |
| 57 | Tramadol | Tramadol | 10 | Ampule | 1,500.00 |
| 58 | Visine | refresh | 5 | Tube | 1,000.00 |
| 59 | Vitamin | B-Complex | 500 | Tablet | 5,000.00 |

Other Information

The bidders must download the attached documents in the associated components section.

Created by Juliet Elaine Acuna

Date Created 18/02/2021

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