



**Republic of the Philippines
Province of Negros Occidental
City of San Carlos**

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	0375
DATE:	April 10, 2025
PURCHASE REQUEST NO.	1-25-02-0451
DATED:	February 28, 2025
ABC:	I-G 6,303.00
	I-H 1,980.00
	Lot II-A 13,376.00
	II-B 26,292.00
	II-C 6,424.00
	III 3,900.00
BAC RES. NO.	TFB 0461-25
DATED:	April 10, 2025

Lot I-A	528.00
I-B	12,448.59
I-C	539.00
I-D	484.43
I-E	1,127.50
I-F	6,597.00

CITY HEALTH OFFICE

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

MA. BRITA D. REBADOMIA
 CGADH I
 BAC Secretariat & Procurement Div.-CMO

- NOTE:**
1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 5. **PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) EXCEPT FOR GASOLINE AND DIESEL FUEL.**

Page 1

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	ampule	LOT I-A Epinephrine (Adrenaline) 1 mg/ml, 1ml solution for injection ampule	6		
1	capsule	LOT I-B Tranexamic Acid 500 mg. capsule	231		
1	ampule	LOT I-C Diphenhydramine 50 mg/ml, 1 ml solution for injection ampule	5		
1	tablet	LOT I-D Diclofenac 50 mg. Tablet	251		
1	tablet	LOT I-E Colchicine 500 mcg tablet	250		
1	tablet	LOT I-F Metronidazole 500 mg. Tablet	300		
1	capsule	LOT I-G Omeprazole 20 mg capsule	300		
1	tablet	LOT I-H Cetirizine 10 mg. tablet	400		
1	tablet	LOT II-A Aciclovir 400 mg tablet	400		
PURPOSE		For use in connection with City Epidemiology and Surveillance Unit of City Health Office (CY 2025)			

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

CANVASSED BY: _____
Printed Name/Signature

Printed Name/Signature

Tel.No./Cellphone No./E-Mail Address

Date



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Page 2F

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	tablet	LOT II-B Azithromycin 500 mg. Tablet	300		
1	sachet	LOT II-C Acetylcysteine 200 mg Oral Powder sachet	400		
1	box	LOT III Zinc Oxide + Calamine (Calmoceptine) Topical Ointment, 20's NOTATION: 1. Must submit latest CPR of each product issued by FDA during canvass. 2. Supplier should be a CGMP Holder during canvass. 3. Must submit samples of each product during canvass. 4. Expiration at least two (2) years from date of delivery. X-X-X-X-X-X-X-X-X-X-XX Delivery Term:15 Working Days	5		
PURPOSE		For use in connection with City Epidemiology and Surveillance Unit of City Health Office (CY 2025)			

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