

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

	570.57	Telephoni	e 乳o. (034) 31	2-5205			
					REQI	JEST FOR Q	UOTATION
					REF. NUMBER:		0375
					DATE:		April 10, 2025
-	10 - 1000 - 26100		-		PURCHASE REQ	UEST NO	1-25-02-0451
			-		DATED:	OLOT NO.	February 28, 2025
		Lot I-A	-	528.00		I-G	
		I-B			ADC.	I-H	6,303.00
		I-C		12,448.59		Lot II-A	1,980.00
				539.00	2		13,376.00
		I-D		484.43		II-B	26,292.00
		I-E		1,127.50		II-C	6,424.00
		I-F		6,597.00			3,900.00
					BAC RES. NO.	TFB	0461-25
					DATED:		April 10, 2025
					Di III ED.		7.01.10, 2020
0					C	ITY HEALTH	OFFICE
Gentle	emen:	Please quote your lowest pric	e on the item/s li	sted below.	subject to the Ge	neral Condition	ns, stating
the sh	ortest tir	me of delivery and submit your					1
		,,	quotanto danij	.5			1/2
						THE POLITAGE	DEDADOMA
					A	MA. BRITAD	The state of the s
						CGA	
					BAC Sec	cretariat & Pro	curement DivCMO
NOTE:	1.	ALL ENTRIES MUST BE TYPEWRIT	TEN / HANDWRITTI	EN		/	
	2.	WARRANTY SHALL BE FOR A PER	RIOD OF SIX (6) MON	NTHS FOR SUI	PPLIES & MATERIAL	S,	
		ONE (1) YEAR FOR EQUIPMENT, F	ROM DATE OF ACC	CEPTANCE BY	PROCURING ENTIT	Υ	
	2	PRICE VALIDITY SHALL BE FOR A				100.00	
		ALL DELIVERIES MUST BE F.O.B. S				DECLIEST FO	
	5.	PLEASE SUBMIT YOUR QUOT		DAR DAYS U	PON RECEIPT OF	REQUEST FO	R QUOTATION (RFQ)
		EXCEPT FOR GASOLINE AND	DIESEL FUEL.				
1 1000 1000 0							Page 1
ITEM	UNIT	ITEM &	DESCRIPTION		QTY.	UNIT	TOTAL
NO.	Olviii		DEGOINI HON		Gii.	PRICE	TOTAL
		LOT I-A					
1	ampule	Epinephrine (Adrenaline) 1 m	a/ml. 1ml solution	n for	6		
		injection ampule	3,			-	
		injection ampule					The state of the s
-		LOT I-B	TOWN AND I		2000 1000 2000		designation
1	capsule	Tranexamic Acid 500 mg. cap	sule	231			
1.7		/					
		LOT I-C					CONTRACTOR OF THE PROPERTY OF
1	ampule	Diphenhydramine 50 mg/ml, 1	ml solution for		5		400
		injection ampule					
		Injudion dispuid					
		LOTUS					
12.5	/	LOT I-D					
1	tablet	Diclofenac 50 mg. Tablet			251		
					V		
		LOT I-E					
1	tablet	Colchicine 500 mcg tablet			250		
1981	/	/			1		
		LOT I-F			and		
	tabl-4		•		200		
1	rapiet	Metronidazole 500 mg. Table	1		300	-	
			.5		-		
	/	LOT I-G					
1	capsule	Omeprazole 20 mg capsule	1		<b>4300</b>		-
Sec							
		LOT I-H					
1	tablet				400		
1	lablet	Cetirizine 10 mg. tablet			400		
	/	LOT II-A			1		
1	tablet	Aciclovir 400 mg tablet			400		
		For use in connection with Cit	ty Epidemiology	and Surveill	ance Unit of City	Health Office (	CY 2025) /
PUR	POSE	The second secon	, _p.aoorg) (	Our rollin	or only i	Omoo (	
		L					
		After being	d annual a	0	- diti 1844	-1	Standa at
	2 2	After having carefully read an	u accepted your	General Co	nations, I/We qu	ote you on the	item/s at
prices	noted a	bove.					
						Printed Nam	ne/Signature
						va Hall	
CANV	ASSED E	ry.					
SHINV	TOOLD E		-		Talk	la Callabara	No /E Mail Add
		Printed Name/Signature			I el.N	vo./Celipnone I	No./E-Mail Address

Date



## Republic of the Philippines Province of Aegros Occidental City of San Carlos

		Telephone	我0. (034) 312	2-5205				
						DEOL	IEST FOR O	HOTATION
					DEE AUU		JEST FOR Q	
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		I-C		539.00			Lot II-A	13,376.00
		I-D		484.43			II-B	26,292.00
		I-E		1,127.50			II-C /	6,424.00
		I-F		6,597.00	/		III	
		1-1		0,337.00	DAC DEC	NO		3,900.00
					BAC RES	. NO.	TFB	0461-25
					DATED:			April 10, 2025
						С	ITY HEALTH	OFFICE
Gentle	men:							
la a .a.la .		Please quote your lowest price						ns, stating
ne sno	ortest tir	ne of delivery and submit your	quotation duly sig	gned by yo	ur represer	itative.		
							. //	M
					E		to C	M. Committee of the com
					1		MA. BRITA D	REBADOMIA /
					#		CGA	DHI
					BA	AC Sec	cretariat & Pro	curement DivCMO
OTE:	1	ALL ENTRIES MUST BE TYPEWRITT	EN / HANDWRITTE	N				
		WARRANTY SHALL BE FOR A PERI			DDI IES & MA	TERIAL	S	
	2.		endocumentary amplication and some partitions					
		ONE (1) YEAR FOR EQUIPMENT, F				D ENIII	ī	
	3.	PRICE VALIDITY SHALL BE FOR A F	ERIOD OF 120 CAL	ENDAR DAYS	3			
		ALL DELIVERIES MUST BE F.O.B. S						
	5.	PLEASE SUBMIT YOUR QUOT	ATION 7 CALEND	AR DAYS L	JPON RECE	IPT OF	REQUEST FO	R QUOTATION (RFQ)
		<b>EXCEPT FOR GASOLINE AND I</b>			112-1-30 DATE:			
								Page 2F
EM	UNIT	ITEM & F	ESCRIPTION			QTY.	UNIT	TOTAL
VO.	OIVII		ZEOOKII HOIY			GET 1.	PRICE	TOTAL
		LOT II-B						
1	tablet	Azithromycin 500 mg. Tablet				300		
.	/					/		
1		LOT II-C			-			
4	aaabat		dos anabat		Name of the last o	400		
1	sachet	Acetylcysteine 200 mg Oral Po	owder sachet		-	400		
1			-					
		LOT III						
1	box	Zinc Oxide + Calamine (Calmo	ceptine) Topical	/	-	5	***	
		Ointment, 20's			acques.			
		NOTATION:						
		Must submit latest CPR of e	ach product ice	ed by EDA	during car	wase		
1					during car	IVass.		
		2. Supplier should be a CGMF			-			
		<ol><li>Must submit samples of each</li></ol>						
		4. Expiration at least two (2) ye	ears from date of	f delivery.				
			-x-x-x-x-x	•				
		Delivery Term:15 Working D						
		Delivery Term. 10 Working D	ays					
					-			
					1			
		>>						
								1
								1
								1
For use in connection with City Epidemiology and Surveillance Ur							L Health Office (	CY 2025) /
PUR	POSE	i de mi comicodori mai ok	- Epiderinology d	ind Odi rom	arroo Orric o	, Oity	iodiai oinee (	012020) /
							**************************************	
		After having carefully read and	d accepted your	General Co	onditions, I/	We qu	ote you on the	item/s at
rices	noted a					•	- Commonweal market	
		er 140766						
							Printed Nan	ne/Signature
								হক্ত
ANV	ASSED E							
		Printed Name/Signature				TOLK	la /Callabana	No /E Mail Address

Date