



# REQUEST FOR QUOTATION (RFQ) No. 192-2023

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
2023-03-115 (PROC)	VARIOUS MEDICAL SUPPLIES	699,707.00

Purpose: Medicines APP 1st Quarter 2023

Philgeps Posting: Active Date: 3/30/23 Closing Date: 4/3/23 Category: MEDICAL SUPPLIES Reference No.: 9618719

Interested suppliers are required to submit the following documents:

- Valid and Current Mayor's / Business Permit
- Latest Income / Business Tax Return
- Proof of PhilGeps Registration
- Omnibus Sworn Statement
- Brochure, if applicable

TSU Condition of Sale:

- Delivery Schedule: 10 calendar days from receipt of approved PO/NTP
- Bid Validity: 120 calendar days from submission of bids
- Delivery Site: Supply and Property Management Unit, Tarlac State University  
(045) 606-8159 / (045) 982-2605
- 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

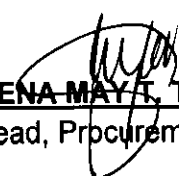
Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

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) and eligibility documents is not later than 4/3/23 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at [tsucanvassing@gmail.com](mailto:tsucanvassing@gmail.com) / [julietelaineacuna@yahoo.com](mailto:julietelaineacuna@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.

  
**ELENA MAY T. TEOFILO**  
 Head, Procurement Unit

**PRICE QUOTATION**

Date: 3/29/2023  
 RFQ No. 192-2023  
 PR No. 2023-03-115 (PROC)

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	tube	<b>ANESTHESIA</b> , Lidocaine Hcl, Injection, 5 ml ( Exp. Date not less than 1 1/2yrs)	10		
2	box	<b>ANESTHETIC</b> , Lidocaine, 50's/box	5		
3	bottle(s)	<b>ANESTHETIC</b> , Topical Anesthetic	2		
6	tablet	<b>ANTACID</b> , Famotadine, Calcium Carbonate, Magnesium Hydroxide ( Exp. Date not less than 1 1/2yrs)	1000		
8	tablet	<b>ANTACID</b> , Ranitidine Hcl , 150mg (Exp. Date not less than 1 1/2yrs)	438		
10	tablet	<b>ANTI-ASTHMA</b> , Salbutamol Sulfate, Bromhexine HCl, guaifenesin (Exp. Date not less than 1yr)	1000		
14	cap	<b>ANTIBIOTIC</b> , Cefalexin, 500 mgs.	1000		
15	capsule	<b>ANTIBIOTIC</b> , Ciprofloxacin, 500 mg. (Exp. Date not less than 1 1/2yrs)	1500		
17	tablet	<b>ANTIBIOTIC</b> , Co-Amoxiclav, 625 mg. ( Exp. Date not less than 1 1/2yrs)	2500		
18	box	<b>ANTIBIOTIC</b> , Mefenamic Acid, 500mg 100/box	4		
19	tube	<b>ANTIBIOTIC</b> , Silver Sulfadiazine ( Exp. Date not less than 1 1/2yrs)	10		
21	cap	<b>ANTI-DIARRHEA</b> , Loperamide (Exp. Date not less than 1 1/2yrs)	284		
25	tablet	<b>ANTI-HYPERTENSION</b> , Captopril, 25mg (Exp. Date not less than 1 1/2yrs)	200		

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: 3/29/2023  
 RFQ No. 192-2023  
 PR No. 2023-03-115 (PROC)

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	vial	<b>ANTI-INFLAMMATORY</b> , Hydrocortisone Sodium succinate, 100 mg/2ml (Act-O-Vial) (Exp. Date not less than 1 1/2yrs)	30		
33	caplet	<b>ANTIPYRETIC</b> , Paracetamol, 500 mgs (Exp. Date not less than 2 1/2yrs)	2940		
34	bottle(s)	<b>ANTISEPTIC SOLUTION</b> , Povidone-Iodine, 120 ml solution	30		
35	bottle(s)	<b>ANTISEPTIC SOLUTION</b> , Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy (Exp. Date not less than 1 1/2yrs)	12		
37	tablet	<b>ANTISPASMODIC</b> , Hyoscine N-Butylbromide + Paracetamol 10mg/500 mg. (Exp. Date not less than 1 1/2yrs)	500		
40	cap	<b>ANTITUSSIVE</b> , Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2yrs)	500		
42	amp	<b>ANTI-VOMITING</b> , Metoclopramide (Exp. Date not less than 1 1/2yrs)	8		
43	tablet	<b>ANTI-VOMITING</b> , Metoclopramide, 10mg (Exp. Date not less than 1 1/2yrs)	100		
44	tablet	<b>DECONGESTANT</b> , Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu)	1000		

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 Number : \_\_\_\_\_

**PRICE QUOTATION**

Date: 3/29/2023  
 RFQ No. 192-2023  
 PR No. 2023-03-115 (PROC)

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
49	tube	EYE DROP, Maxitrol (Exp. Date not less than 1 1/2yrs)	20		
50	bottle(s)	EYE DROP, Tobramycin (Exp. Date not less than 1 1/2yrs)	13		
53	tube	OINTMENT, Mometasone Furoate, 10g (Exp. Date not less than 1 1/2yrs)	13		
54	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g. (Exp. Date not less than 1yr)	21		
55	tube	OINTMENT, Mupirocin (Exp. Date not less than 1yr)	18		
59	bottle(s)	ORAL RINSE, Orahex Forte, 500ml	10		
65	amp	PAIN RELIEVER, Ketorolac ( Exp. Date not less than 1 1/2yrs)	13		
67	amp	PAIN RELIEVER, Tramadol, solution, for injection ( Exp. Date not less than 1 1/2yrs)	10		
73	bottle(s)	SPRAY, Cool Spray 250ml ( Exp. Date not less than 1 1/2yrs)	50		
75	amp	VACCINE, Tetanus Toxoid, vaccine (Exp. Date not less than 1 1/2yrs)	45		
77	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc ( Exp. Date not less than 1 1/2yrs)	1500		

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 : \_\_\_\_\_



Central Portal for  
Philippine Government  
Procurement Opportunities

## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 9618719  
**Procuring Entity** TARLAC STATE UNIVERSITY  
**Title** Various Medical Supplies  
**Area of Delivery** Tarlac

<b>Solicitation Number:</b>	192-2023	<b>Status</b>	Pending
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	3
<b>Procurement Mode:</b>	Shopping - Ordinary/Regular Office Supplies & Equipment (Sec. 52.1.b)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	0
<b>Category:</b>	Medical Supplies and Laboratory Instrument	<b>Date Published</b>	30/03/2023
<b>Approved Budget for the Contract:</b>	PHP 699,707.00	<b>Last Updated / Time</b>	29/03/2023 11:33 AM
<b>Delivery Period:</b>	10 Day/s	<b>Closing Date / Time</b>	03/04/2023 13:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Elena May T. Teofilo Unit Head Romulo Blvd. Tarlac City Tarlac Philippines 2300 63-2-092058494963 may_at_34@yahoo.com		

#### Description

for Medical use 2023

#### Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	ANESTHESIA	Lidocaine Hcl, Injection, 5 ml ( Exp. Date not less than 1 1/2yrs)	10	Tube	1,100.00
2	ANESTHETIC	Lidocaine, 50's/box	5	Box	6,600.00
3	ANESTHETIC	Topical Anesthetic	2	Bottle	1,870.00
4	ANTACID	Famotadine, Calcium Carbonate, Magnesium Hydroxide ( Exp. Date not less than 1 1/2yrs)	1,000	Tablet	33,000.00
5	ANTACID	Ranitidine Hcl , 150mg (Exp. Date not less than 1 1/2yrs)	438	Tablet	4,818.00
6	ANTI-ASTHMA	Salbutamol Sulfate, Bromhexine HCl, guaifenesin (Exp. Date not less than 1yr)	1,000	Tablet	33,000.00
7	ANTIBIOTIC	Cefalexin, 500 mgs.	1,000	Capsule	14,000.00
8	ANTIBIOTIC	Ciprofloxacin, 500 mg. (Exp. Date not less than 1 1/2yrs)	1,500	Capsule	105,000.00
9	ANTIBIOTIC	Co-Amoxiclav, 625 mg. ( Exp. Date not less than 1 1/2yrs)	2,500	Tablet	205,000.00
10	ANTIBIOTIC	Mefenamic Acid, 500mg 100/box	4	Box	6,600.00
11	ANTIBIOTIC,	Silver Sulfadiazine ( Exp. Date not less than 1 1/2yrs)	10	Tube	8,800.00
12	ANTI-DIARRHEA	Loperamide (Exp. Date not less than 1 1/2yrs)	284	Capsule	4,686.00

13	ANTI-HYPERTENSION	Captopril, 25mg (Exp. Date not less than 1 1/2yrs)	200	Tablet	3,400.00
14	ANTI-INFLAMMATORY	Hydrocortisone Sodium succinate, 100 mg/2ml (Act-O-Vial) (Exp. Date not less than 1 1/2yrs)	30	Vial	26,400.00
15	ANTIPYRETIC	Paracetamol, 500 mgs (Exp. Date not less than 2 1/2yrs)	2,940	Capsule	29,400.00
16	ANTISEPTIC SOLUTION	Povidone-Iodine, 120 ml solution (Exp. Date not less than 1 1/2yrs)	30	Bottle	11,550.00
17	ANTISEPTIC SOLUTION	Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy (Exp. Date not less than 1 1/2yrs)	12	Bottle	6,600.00
18	ANTISPASMODIC	Hyoscine N-Butylbromide + Paracetamol 10mg/500 mg. (Exp. Date not less than 1 1/2yrs)	500	Tablet	22,000.00
19	ANTITUSSIVE	Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2yrs)	500	Capsule	11,000.00
20	ANTI-VOMITING	Metoclopramide (Exp. Date not less than 1 1/2yrs)	8	Ampule	1,320.00
21	ANTI-VOMITING	Metoclopramide, 10mg (Exp. Date not less than 1 1/2yrs)	100	Tablet	2,200.00
22	DECONGESTANT	phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu) (Exp. Date not less than 2yrs)	1,000	Tablet	12,000.00
23	EYE DROP	Maxitrol (Exp. Date not less than 1 1/2yrs)	20	Tube	12,000.00
24	EYE DROP	Tobramycin (Exp. Date not less than 1 1/2yrs)	13	Bottle	5,200.00
25	OINTMENT	Mometasone Furoate, 10g (Exp. Date not less than 1 1/2yrs)	13	Tube	8,580.00
26	OINTMENT	Mupirocin + Bethamethasone Dipropionate, 5g. (Exp. Date not less than 1yr)	21	Tube	18,480.00
27	OINTMENT	Mupirocin (Exp. Date not less than 1yr)	18	Tube	19,800.00
28	ORAL RINSE	Orahex Forte, 500ml	10	Bottle	4,070.00
29	PAIN RELIEVER	Ketorolac ( Exp. Date not less than 1 1/2yrs)	13	Ampule	1,183.00
30	PAIN RELIEVER	Tramadol, solution, for injection ( Exp. Date not less than 1 1/2yrs)	10	Ampule	1,650.00
31	SPRAY	Cool Spray 250ml ( Exp. Date not less than 1 1/2yrs)	50	Bottle	38,500.00
32	VACCINE	Tetanus Toxoid, vaccine (Exp. Date not less than 1 1/2yrs)	45	Ampule	9,900.00
33	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc ( Exp. Date not less than 1 1/2yrs)	1,500	Capsule	30,000.00

**Other Information**

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

**Created by** Elena May T. Teofilo

**Date Created** 29/03/2023

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.