



Republic of the Philippines
Province of Oriental Mindoro
Municipality of Gloria

Project Number: **2021-001-1391**
Project Title: **Supply and Delivery of Medicines for Covid-19**
Location: **Municipal Health Office**

Date: **November 10, 2021**
Quotation No.: **RFQ-2021-073**
PhilGeps Ref:

REQUEST FOR QUOTATION

Supplier _____
Address: _____
Contact Number: _____
TIN Number _____

Please quote your lowest price on the items/ listed below, subject to the General conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **November 12, 2021** in the return envelope attached herewith.

(SGD)
MANULITO S. RODRIGUEZ
MCR/BAC Chairman

Note:

- 1 All entries must be type written.
- 2 Delivery period is within Thirty **(30) calendar days**
- 3 Warranty shall be for the period of six months (6) months for supplies and materials, one (1) year for equipment, from date of acceptance by the procuring entity.
- 4 Price validity shall be for the period of thirty (30) calendar days.
- 5 G-eps registration certificate shall be attached upon submission of the quotation.
- 6 Suppliers shall submit original brochures showing certifications of the product being offered.

ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Acetylcysteine 200mg	10	box		
2	Acetylcysteine 600mg	37	box		
3	Omx Cap	50	pcs		
4	Sodium Ascorbate & Zinc tabs	50	box		
5	Ascorbic acid with Zinc 120ml	72	bot		
6	Multivitamins + Minerals cap	30	box		
7	Multivitamins + Minerals Syrup 120ml	95	bot		
8	Citirezine 10mg tab	7	box		
9	ORS sachet	10	box		
10	Lagundi 600mg	10	box		
11	Bactidol oral antiseptic 30ml	18	bot		
12	Paracetamol 500mg	10	box		
13	Paracetamol 250mg	12	bot		
14	Paracetamol 125mg	12	bot		
15	Paracetamol drops	11	bot		
16	Salinase bot 80z	10	bot		
17	Lagundi 600mg syrup 120ml	36	bot		

Brand and Model: _____
Delivery Period: _____
Warranty: _____
Price Validity: _____

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

Printed Name / Signature

Tel. No./Cellphone No.
e-mail address

Date