

Republic of the Philippines
SENATE
REQUEST FOR QUOTATION

Date : 10/16/2023
RSQ No. : RSQ-E-23-10-196
Requisitioner : MDB
Canvasser : Mark Christopher B. Zulueta

PRIORITY Matter (APPF)

Sir/Madam:

We invite all GEPS registered bidders to submit sealed quotation for the item/s listed below, addressed to the Chairman, Bids and Awards Committee (BAC), 4/F Senate of the Philippines, GSIS Bldg., Financial Center, Pasay City. The quotation for Purchase Request No. **PR-23-10-861** must be submitted to the Office of the Chairman, Bids and Awards Committee, Room 408 or the Secretariat, Bids and Awards Committee, Room 401, 4/F Senate of the Philippines, GSIS Building, Financial Center, Pasay City, not later than 5P.M. of _____. Kindly observe and comply with the stated specifications / descriptions / unit of items for quotation, and specify country of manufacture or origin in the item, any erasure must be properly initialed by the bidder. Bidders are presumed to have reviewed all bids indicated herein before submission to the BAC. Please do not forget to indicate the following references in your envelope "PR NO. _____ / RSQ NO. _____, Assigned Canvasser: _____, CLOSING DATE: _____"

LIKewise, ALL QUOTATIONS MUST BE VALID FOR AT LEAST THIRTY (30) DAYS FROM THE CLOSING DATE OF POSTING WITH THE PhilGEPS AND SUBJECT TO THE GENERAL CONDITIONS FOUND AT THE BACK OF THIS FORM.

[Signature]
ATTY. MARIA VALENTINA S. CRUZ
CHAIRPERSON
BIDS AND AWARDS COMMITTEE

THE CHAIRMAN
Bids and Awards Committee
c/o Secretariat, Bids and Awards Committee
Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City
Fax No. 552-6601 local 1602 or 552-6803

Sir: As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:

Item No	Quantity	UOM	Item Description	Unit Cost	UNIT PRICE (Inclusive of all Taxes)	TOTAL
			PR-23-10-861 - MDB			
1	1	LOT	SUPPLY AND DELIVERY OF THE FOLLOWING: (PLEASE SEE ATTACHED LIST OF MEDICINES) NOTE: EXPIRATION DATE OF MEDICINES (3 YEARS)	45,422.00 45,422.00/LOT		
----- NOTHING FOLLOWS -----						

(QUOTATIONS must be valid for at least thirty [30] to forty five [45] days from closing date)

TERMS OF DELIVERY _____
 TERM/S OF PAYMENT: Government Terms (NO C.O.D. / NO ADVANCE PAYMENT) _____
 Address of Supplier _____ (Name of Company)
 E-Mail Address _____ PhilGEPS Reg. No. _____ Expiry Date: _____
 Tel./Fax No./s _____
 TIN _____ (Signature over Printed Name Authorized Representative)

MEDICINE		
GENERIC NAME	UOM	QUANTITY
EPERISONE HYDROCHLRIDE 50mg	TAB	40
DICLOFENAC POTASSIUM 25mg	TAB	40
CELECOXIB 200mg	TAB	60
MEFENAMIC ACID 500mg	TAB	40
BETAHISTINE DIHYDROCLORIDE 16mg	TAB	40
CINNARAZINE 25mg	TAB	40
ALUMINUM HYDROXIDE MAGNESIUM HYDROXIDE SIMETICONE: 178mg/233mg/30mg	TAB	40
OMEPREZOLE 40mg	TAB	40
RACECADOTRIL 100mg	TAB	40
PARACETAMOL 500mg	TAB	60
LORATADINE 10mg	TAB	60
CETIRIZINE 10mg	TAB	60
TRANEXAMIC ACID 500mg	TAB	40
BUTAMIRATE CITRATE 50mg	TAB	40
ACETYLCYSTEINE 600mg	SACHET	40
SAMBUCUS NUGRA 36mg, PRIMULA VERIS & PRIMULA ELATIOR 36mg RUMEX CRISTPUS 36mg VERBENA OFFICINALIS 36mg GENTIANA LUTEA 12mg	TAB	40
CLONIDINE 75mg	TAB	40
AMLODIPINE 5mg	TAB	40
LOSARTAN 50mg	TAB	40
SODIUM ALGINATE, SODIUM BICARBONATE AND CALCIUM CARBONATE 10ml	SACHET	100
FLUOCINOLONE ACETONIDE, POLYMYXIN B SULFATE, NEOMYCIN SULFATE .025% / 10000 U / 3.5 mg	BOTTLE	2
CARBOXYMETHYLCELLULOSE 5mg/ml	BOTTLE	2
METOCHLOPROMIDE 10mg	TAB	40
TOBRAMYCIN 3mg/ml eyedrop	BOTTLE	2
TRANEXAMIC ACID 500mg/amp	AMPULE	4
HYOSCINE N BUTYBROMIDE 20mg/ml	AMPULE	4
EPINEPHRINE 1mg/ml	AMPULE	6
KETOROLAC	AMPULE	6
METOCHLOPROMIDE 10mg	AMPULE	10
DIPHENHYDRAMINE 50mg	AMPULE	10
SILVER SULFADIAZINE	TUBE	2
MUPIROCIN	TUBE	2