



Republic of the Philippines  
 Department of Justice  
**BUREAU OF CORRECTIONS**  
**SABLAYAN PRISON AND PENAL FARM**  
 Occidental Mindoro



**REQUEST FOR QUOTATION**

**SUPPLY & DELIVERY OF DRUGS AND MEDICINES FOR THE MONTH OF APRIL 2025- 1 LOT**

**Date:** \_\_\_\_\_  
**RFQ No:** SPPF2025-PR.049

**Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Name of Store/Shop:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Business Permit No.:** \_\_\_\_\_  
**TIN No.:** \_\_\_\_\_  
**PhilGEPS Registration No.: (required)** \_\_\_\_\_

Please quote your best offer for the item/s described below, subject to the Terms and Conditions as stated hereunder.

- a.) Bidders shall provide correct and accurate information required in this form.
- b.) Bidders shall quote per lot.**
- c.) Price quotation/lot must be valid for a period of **One Hundred Twenty (120) calendar days** from the date of submission.
- d.) Price quotation/lot, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotation exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation/lot (for goods and infrastructure) or, the highest rated offer/lot (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- g.) Any alterations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- h.) All items shall be delivered within **thirty (30) calendar days** from the receipt of approved Notice to proceed (NTP).
- i.) The BuCor-SPPF shall have the right to inspect and/or to test the goods to confirm its conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor-SPPF shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
- k.) Bidders shall submit the required documents together with their bid price in a sealed envelope.
- l.) Submission thru e-mail and fax of your quotation will not be entertained/accepted. Send your sealed quotation thru mail or submit it personally at the address hereunder provided.**

**REQUIREMENTS TO BE SUBMITTED**

1. Certified True copy of Valid & Current Mayor's/Business Permit
  - a. Valid & Current Mayors Permit
  - b. Valid & Current Business Permit
2. Certified True copy of Valid & Current PhilGEPS Registration Number
3. Bidders who are registered in BuCor-SPPF Suppliers Registry **with updated record** need not to submit the aforementioned requirements.

**NOTE:**  
**BIDDERS STATEMENT OF COMPLIANCE ON THE TERMS & CONDITIONS AND REQUIREMENTS AS STATED ABOVE**

\_\_\_\_\_  
 Signature over Printed Name of  
 Authorized Representative / Sole Proprietor

Submit your sealed quotation duly signed by you or your duly representative not later than **April 14, 2025** at the BAC Office, Bureau of Corrections – Sablayan Prison and Penal Farm at **9:00 A.M.** Late submission of bids shall be rejected.

  
**CSUPT ANGELITO DC LAPITAN**  
 BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

**REQUEST FOR QUOTATION #SPPF2025-PR. 049**

Procurement Project					Approved Budget for the Contract (ABC)			
SUPPLY & DELIVERY OF DRUGS AND MEDICINES FOR THE MONTH OF APRIL 2025- 1 LOT					ONE MILLION FOUR HUNDRED THOUSAND TWO HUNDRED EIGHTY-SEVEN AND 45/100 PESOS (Php1,400,287.45)			
QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Approved Budget of the Contract (ABC)/Lot	Offered Quotation Per Unit	Offered Quotation Per Unit X Quantity	TOTAL Offered Quotation/ Lot
			YES	NO				
50	BOX	AEROFLORA 10PCS/BOX			Php1,400,287.45			
50	BOX	AMLODIPINE 5MG TAB (100TABS/BOX)						
50	BOX	AMLODIPINE 10MG TAB (100TABS/BOX)						
50	BOX	AMOXICILLIN 500MG CAP (100CAPS/BOX)						
5	BOX	ANTI-RABIES VACCINE (SPEEDA) 5VIALS/BOX						
20	BOX	ASPIRIN 80MG TAB (100TABS/BOX)						
20	BOX	AZITHROMYCIN 500MG (3TABS/BOX)						
10	BOX	BETAHISTINE 16MG TAB(100TABS/BOX)						
50	TUBE	BETAMETHASINE 5GRAMS						
1	BOX	BISACODYL 5MG TAB (100TABS/BOX)						
50	BOX	CARBOCISTEINE 500MG CAP (100CAPS/BOX)						
50	BOX	CEFALEXIN 500MG CAP (100CAPS/BOX)						
250	VIALS	CEFTRIAZONE 1GRAM+10ML DILUENT						
40	BOX	CEFUROXIME 750MG VIAL 10VIALS/BOX						
50	BOX	CEFUROXIME 500MG CAP (100CAPS/BOX)						
10	BOX	CELECOXIB 200MG (100CAPS/BOX)						
10	BOX	CETIRIZINE 10MG TAB (100TABS/BOX)						
5	BOX	CHLOROPHENAMINE (CHLOROPHENAMINE MALEATE)10MG/ML AMP (10AMPS/BOX)						
3	BOX	CHLORPROMAZINE 100MG TAB (100TABS/BOX)						
10	BOX	CIPROFLOXACIN 500MG TAB (100TABS/BOX)						
15	BOX	CLOPIDOGREL 75MG TAB (100TABS/BOX)						
75	TUBE	CLOTRIMAZOLE 1% (10MG/G) 20G CREAM TUBE						
50	BOX	CLOXACILLIN 500MG CAP (100CAPS/BOX)						
75	BOX	CO-AMOXICLAV 500MG+125MG TABLET (100TABS/BOX)						
10	BOX	COLCHICINE 500MCG (100TABS/BOX)						
30	BOX	COTRIMOXAZOLE (SULFAMETHOXAZOLL						

		<i>E+TRIMETHOPRIN)800 MG+160MG TABLE</i>					
20	BOX	<i>DICLOFENAC 50MG (100PCS/BOX)</i>					
5	BOX	<i>DIGOXIN 250MG (100PCS/BOX)</i>					
20	BOX	<i>DIOSMIN+HESPERIDIN (450MG+50MG) 30TABS/BOX)</i>					
20	BOX	<i>DIPHENHYDRAMINE 50MG/CAPSULE</i>					
20	BOX	<i>ESSENTIALE FORTE P PHOSPHOLIPIDS 300MG (50CAPS/BOX)</i>					
25	BOX	<i>FERROUS SULFATE+FOLIC ACID 100CAPS/BOX</i>					
20	BOX	<i>FUROSEMIDE 10MG/ML,2ML SOLUTION FOR INJECTION AMPULE (10AMPS/BOX)</i>					
20	BOX	<i>FUROSEMIDE 20MG (100TABS/BOX)</i>					
75	BOX	<i>GLIBENCLAMIDE 5MG (100TABS/BOX)</i>					
75	BOX	<i>GLICLAZIDE+METFOR MIN 80/500MG (30TABS/BOX)</i>					
68	BOX	<i>GLICLAZIDE 60MG MODIFIED RELEASE (100TABS/BOX)</i>					
75	BOX	<i>GLUCOFLEX-B GLUCOSAMINE&amp;CHON DROITIN SULPHATE COMPLEX W/MSM 30TABLETS</i>					
5	BOX	<i>HYDROCORTISONE 250MG POWDER FOR INJECTION VIAL (10VIALS/BOX)</i>					
25	BOX	<i>IBUFROFEN 400MG (100TABS/BOX)</i>					
5	BOX	<i>ISOSORBIDE DINITRATE 10MG (100TAB/BOX)</i>					
20	BOX	<i>KETOANALOGUES+ESS ENTIAL AMINO ACIDS 600MG (100TAB/BOX)</i>					
50	BOX	<i>MEFENAMIC ACID 500MG CAPSULE (100PCS/BOX)</i>					
200	BOX	<i>METFORMIN 500MG TAB (100PCS/TAB)</i>					
2	BOX	<i>METRONIDAZOLE 500MG (100TABS/BOX)</i>					
50	BOX	<i>MONTELUKAST + LEVOCETIRIZINE 5MG (30TABS/BOX)</i>					
15	BOX	<i>PARACETAMOL 500MG (100CAPS/BOX)</i>					
5	BOX	<i>PHENYTOIN 100MG CAP(100CAPS/BOT)</i>					
20	BOX	<i>PREDNISONE 5MG (100TABS/BOX)</i>					
5	BOX	<i>POTASSIUM CHLORIDE 600MG (100TABS/BOX)</i>					
25	BOX	<i>RANITIDINE 300MG (100TABS/BOX)</i>					
25	BOX	<i>ROWATINEX (PINENE+CAMPHENE+ CINEOL+MENTHONE+ MENTHOL+BORNEOL (100CAPS/BOX)</i>					
10	BOX	<i>GUAIFENESIN+SALBUT AMOL 100MG/2MG CAPSULE (100PCS/BOX)</i>					
75	BOX	<i>SALBUTAMOL SULFATE 2MG (100TABS/BOX)</i>					

3	BOX	<i>SPIRONOLACTONE 25MG TAB (100TABS/BOX)</i>						
75	BOX	<i>STERILE WATER FOR INJECTION 50ML</i>						
8	BOX	<i>DR. WONGS SULFUR SOAP WITH MOISTURIZRS ALOE VERA 135G (WHITE) 100/BOX</i>						
7	BOX	<i>TRAMADOL 50MG CAPSULE (100CAPS/BOX)</i>						
4	BOX	<i>TRAMADOL 50MG/ML, 2ML SOLUTION FOR INJECTION AMPULE</i>						
3	BOX	<i>TRANEXAMIC ACID 100MG/ML,5ML SOLUTION FOR INJECTION AMPULE (10AMPS/BOX)</i>						
15	BOX	<i>TRANEXAMIC ACID 500MG CAPSULE (100CAPS/BOX)</i>						
25	BOX	<i>VITEX NEGUNDO L (FAM VERBENACEAE) 300MG TABLE (LAGUNDI)</i>						
5	BOX	<i>VTAMIN B1+VITAMIN B12+VITAMIN B6 100MG+100MG+1MG/ML ,3ML SOLUTION FOR INJECTION</i>						

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF REPRESENTATIVE OR SOLE PROPRIETOR**  
**POSITION/DESIGNATION:** \_\_\_\_\_  
**OFFICE TELEPHONE NO:** \_\_\_\_\_  
**MOBILE PHONE NO./FAX NO.:** \_\_\_\_\_  
**EMAIL ADDRESS/ES:** \_\_\_\_\_