



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



REQUEST FOR QUOTATION

SUPPLY AND DELIVERY OF MEDICAL SUPPLIES FOR SPPF HOSPITAL FOR THE MONTH OF MAY 2025- 1 LOT

Date: _____
 RFQ No: SPPF2025-PR.072

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 **May 26, 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. 035

Procurement Project				Approved Budget for the Contract (ABC)				
SUPPLY AND DELIVERY OF MEDICAL SUPPLIES FOR SPPF HOSPITAL FOR THE MONTH OF MAY 2025- 1 LOT				One Million Twenty Thousand One Hundred Seventy-Seven and Sixty-Five Centavos (Php. 1,020,177.65)				
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				
20	box	Aeroflora 10pcs/box			Php. 1,020,177.65)			
3	box	Absorbent gauze 40's 28x24 mesh 2kg/roll						
15	gal	Alcohol						
50	box	Amoxicillin 500mg cap 100caps/box						
5	box	Anti-Rabies Vaccine (Speeda) 5vials/box						
20	box	Aspirin 80mg tab 100tabs/box						
10	box	Azithromycin 500mg 3tabs/box						
5	gal	Betadine (Povidone iodine)						
6	box	Betahistine 16mg tab 100tabs/box						
50	tube	Betamethasone 5 grams						
1	box	Bisacodyl 5mg tab 100tabs/box						
100	bot	Calamine Lotion 60ml						
5	box	Carvedilol 25mg 30/box						
150	vials	Ceftriaxone 1 gram + 10 ml diluent						
60	box	Cefuroxime 750mg vial 10 vials/box						
50	box	Cefuroxime 500mg cap 10caps/box						
10	box	Celecoxib 200mg 100caps/box						
5	box	Chlorphenamine (Chlorphenamine Maleate) 10mg/ml 1 ml amp 10amps/box						
2	box	Chlorpromazine 100mg tab 100tabs/box						
5	box	Ciprofloxacin 500mg tab 100tabs/box						
10	box	Clindamycin 300mg 100caps/box						
10	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 (Amoxicillin + Clavulanic Acid) 500 mg + 125 mg Tablet 14tabs/box						
5	box	Colchicine 500mcg tab 100tabs/box						
30	box	Cotrimoxazole (Sulfamethoxazole +						

		Trimethoprim) 800 mg + 160 mg Tablet						
30	box	Diaper 10's (L)						
5	box	Diclofenac 50mg tab 100tabs/box						
3	box	Digoxin 250mcg tab 100tabs/box						
10	box	Diosmin + Hesperidin (450mg+50mg) 30tabs/box						
10	box	Diphenhydramine 50 mg Capsule						
20	box	Essentiale Forte P Phospholipids 300mg cap 50caps/box						
25	box	Ferrous Sulfate + Folic Acid 100caps/box						
10	box	Furosemide 10 mg/mL, 2 mL Solution for Injection Ampule 10amps/box						
20	box	Glibenclamide 5mg 1 Tablet 100tabs/box						
100	box	Gliclazide + Metformin 80/500mg 30tabs/box						
25	box	Gliclazide 60 mg Modified Release Tablet 100tbs/box						
3	box	Glucometer machine (SINOCARE)						
8	bot	Glucometer strips (SINOCARE)						
3	gal	Glutaraldehyde (Cidex)						
5	box	Hydrocortisone 250 mg Powder for Injection Vial 10vials/box						
65	bot	Hydrogen Peroxide 250ml						
3	box	Insulin syringe						
10	box	Isosorbide Dinitrate 10 mg Tablet 100tabs/box						
10	tube	KY Jelly Lubricating gel 150g						
12	bot	Lysol						
20	box	Mefenamic Acid 500 mg Capsule 100caps/box						
200	box	Metformin 500mg tab 100tabs/box						
2	box	Metronidazole 500mg tab 100tabs/box						
50	box	Montelukast + Levocetirizine 5mg 30tabs/box						
40	box	Omeprazole 20mg cap 100caps/box						
10	box	Oral Rehydration salts 25/box (sachet)						
15	box	Paracetamol 500mg tab 100tabs/box						
5	bot	Phenytoin 100mg cap 100caps/bot						
5	box	Plaster 3M						
8	box	ROWATINEX (Pinene + Camphene + Cineol + Menthone + Menthol + Borneol 1 Capsule) 100/box						
5	box	Risperidone 2mg tab 30tabs/box						

40	box	Salbutamol Sulfate 2mg 100tabs/box						
200	box	Salbutamol Sulfate inhaler 100mg						
2	box	Sphygmomanometer (hand held)						
3	box	Spironolactone 25mg tab 100tabs/box						
2	box	Stethoscope						
75	box	Sterile Water for Injection 50ml						
10	box	DR WONGS Sulfure Soap with Moisturizers Aloe Vera 135g (White) 100/box						
10	box	Tetanus Toxoid .5ml/amp 10amps/box						
4	box	Tramadol 50 mg/mL, 2 mL Solution for Injection Ampule 10amps/box						
3	box	Tranexamic Acid 100 mg/mL, 5 mL Solution for Injection Ampule 10amps/box						
5	box	Tranexamic Acid 500 mg Capsule 100caps/box						
5	box	Vitamin B1 + Vitamin B12 + Vitamin B6 100 mg + 100 mg + 1 mg /mL, 3 mL Solution for Injection Ampule						

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