



Republic of the Philippines  
Cagayan State University  
**BIDS & AWARDS COMMITTEE**

Tuguegarao City, Cagayan

Tel. No.: (078) 375-1672

Email: [bacsecretariat@csu.edu.ph](mailto:bacsecretariat@csu.edu.ph)

**F-BAC-1115**

**REQUEST FOR QUOTATION**

For Small Value Procurement under Sec. 53.9 of the Revised IRR of R.A. 918

**QUOTATION NUMBER: QN2023-06-05G**

**PR NUMBER: 2023-05-808**

**DATE: June 22, 2023**

The **Cagayan State University** is pleased to invite you to quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by you, or by your authorized representative within 3 days from receipt of this request for quotation.

**CONDITIONS:**

- 1 Quotation is INCLUSIVE OF TAX AND DELIVERY COST;
- 2 Delivery must be within 15 calendar days upon receipt of purchase order;
- 3 Price validity shall be for a period of 60 calendar days;
- 4 Warranty shall be for a period of 1 year from acceptance of the procuring entity;
- 5 Payment shall be made after inspection and acceptance.

**MR. ABRAHAM BANGAYAN**  
BAC CHAIR

Dear Sir/Ma'am; After having carefully read and accepted your conditions as listed below, I/We quote you on the item at the following prices, to wit;

| END USER: |        | <b>Emily C. Guzman</b>  | DATE OF ACTIVITY (if any) |           |            |
|-----------|--------|---|---------------------------|-----------|------------|
| PURPOSE:  |        | For Clinic Use.   |                           |           |            |
| No.       | UNIT   |   | QTY.                      | Unit Cost | Total Cost |
| 1.        | Boxes  | Midol (Ibuprofen 800mg), Expiration 2026                                    | 40                        |           |            |
| 2.        | Boxes  | Ascorbic Acid 500mg Tab (100/box), Ascorbic Acid with Zinc, Expiration 2026 | 100                       |           |            |
| 3.        | Boxes  | Tranexamic Acid 500mg (100/box), Expiration 2026                            | 2                         |           |            |
| 4.        | Boxes  | Catapress 75mg, Expiration 2026   | 2                         |           |            |
| 5.        | Boxes  | Bonamine Adult 25mg/tab, (100/box), Expiration 2026                         | 2                         |           |            |
| 6.        | Boxes  | Salonpas (20EA/Box), Expiration 2026  | 3                         |           |            |
| 7.        | Boxes  | Plasil 10 mg/tab, Expiration 2026   | 1                         |           |            |
| 8.        | Boxes  | Pulmoxel 30ml 100/box   | 10                        |           |            |
| 9.        | Boxes  | Loperamide (100/box), Expiration 2026                                       | 2                         |           |            |
| 10.       | Boxes  | Tuberculin Syringes 1ml, (100/box)  | 1                         |           |            |
| 11.       | Set    | Glucometer with strips 10 units, Expiration 2026                            | 1                         |           |            |
| 12.       | Boxes  | Head Cap  | 6                         |           |            |
| 13.       | Set    | Surgical Scissor  | 4                         |           |            |
| 14.       | Tube   | Burn Ointment Benzocaine Boric Acid 30g, Expiration 2026                    | 8                         |           |            |
| 15.       | Boxes  | Amoxicillin, 500mg (100/box), Expiration 2026                               | 30                        |           |            |
| 16.       | Boxes  | Mefenamic Acid, 500mg, (100/ box), Expiration 2026                          | 40                        |           |            |
| 17.       | Bottle | Alcohol Isoprophyl 70%, Expiration 2026                                     | 50                        |           |            |
| 18.       | Tube   | Toothpaste 150ml  | 10                        |           |            |
| ABC:      |        | 112,100.00  |                           |           |            |

**Canvassed as:**

|                          |          |
|--------------------------|----------|
| <input type="checkbox"/> | per lot  |
| <input type="checkbox"/> | per item |

**Supplier's Printed Name and Signature** \_\_\_\_\_

**Tel. No/Cellphone No.** \_\_\_\_\_

**TIN #:** \_\_\_\_\_

**PhilGEps Registration No.** \_\_\_\_\_

**NOTE: A TRANSACTION FEE OF PHP 350.00 (ADA) IS CHARGED BY DBP FOR NON-DBP ACCOUNTS AND SUPPLIERS**

**GISELLE JOY B. LADERA**  
**NAME AND SIGNATURE OF CANVASSER**