



0-C-2021-101



Republic of the Philippines
VISAYAS STATE UNIVERSITY
PROCUREMENT OFFICE

R E Q U E S T F O R Q U O T A T I O N

PR No: **STF-2021-03-00084 (Page 1 of 7)**

Canvass No: **C-2021-101**

Date: **03-30-2021**

Name of Supplier:

Mode of Procurement : **NP - Small Value Procurement**

Address of Supplier:

Delivery Period: **within 15 calendar days from receipt of P.O**

Contact No. & E-mail Address:

Deadline for Submission of RFQ: **7 Calendar days**

Item No	Articles (Complete description and specification)	ABC	Qty.	Unit	Unit Price	Total Price	FOB (VSU Main, Visca, Baybay City, Leyte)	Authorized By:
1	Amikacin 250mg/2ml/vial	1,333.00	2	Box of 10's				JESSAMINE C. ECLEO Head, Procurement Office
2	Atropine sulfate 1mg/ml/amp	33.00	5	Ampule				Canvassed By:
3	Betahistine hydrochloride 16mg/tab	3,600.00	1	box				LESTER LAYOLA / BRYAN REBUYAS Canvasser
4	Captopril 25mg, sublingual	650.00	1	box				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
5	Carbocistine 500mg/cap	1,398.00	3	box				
6	Cefalexin 500mg/cap	1,950.00	5	box				(Printed Name & Signature of Supplier)
7	Cefuroxime 750mg/vial	2,800.00	10	Box of 10's				
8	Cetirizine 10mg/tab	2,600.00	1	box				
9	Clonidine hydrochloride 75mg/tab	455.00	1	box				
10	Co-amoxiclav 625mg/tab	3,500.00	5	box				

*Please see attached specification

End-User: VSUHSO
Purpose: For Hospital Use

- Baybay Ormoc Manila
- Tacloban Samar Cebu
- Leyte So. Leyte Davao

Control No: _____

<p>Instructions:</p> <ol style="list-style-type: none"> Please quote your best offer for the items listed above in your least government price inclusive of taxes, delivery, and other applicable charges. Accomplish this RFQ correctly and accurately. Please put initials for erasures. Submit along with this RFQ the attached needed documentary requirements. Bidders who already submitted an updated file of the needed documentary requirements in VSU need not to re-submit. Quotations that are above the set ABC will be rejected. Submit this RFQ within the set deadline for submission indicated above. Late bids will not be accepted. 	<p>Documentary Requirements:</p> <ol style="list-style-type: none"> Business Permit Philgeps Registration No. Income / Business Tax Return
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REQUEST FOR QUOTATION

PR No: **STF-2021-03-00084 (Page 2 of 7)**

Canvass No: **C-2021-101**

Date: **03-30-2021**

Name of Supplier:

Mode of Procurement : **NP - Small Value Procurement**

Address of Supplier:

Delivery Period: **within 15 calendar days from receipt of P.O**

Contact No. & E-mail Address:

Deadline for Submission of RFQ: **7 Calendar days**

Item No	Articles (Complete description and specification)	ABC	Qty.	Unit	Unit Price	Total Price	FOB (VSU Main, Vega, Baybay City, Leyte)	Authorized By:
11	D5 0.3 NaCl, 1L	1,560.00	2	Box of 12's				JESSAMINE C. ECLEO Head, Procurement Office
12	D5 0.9 NaCl, 1L	1,560.00	2	Box of 12's				Canvassed By:
13	D5 Water 500ml	1,482.00	1	Box of 12's				LESTER LAYOLA / BRYAN REBUYAS Canvasser
14	D5IMB,1L	1,560.00	2	Box of 12's				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
15	D5LR, 1L	1,560.00	2	Box of 12's				
16	D5NM,1L	1,560.00	2	Box of 12's				(Printed Name & Signature of Supplier)
17	Dequalinium chloride 5mg/ml solution, oral paint	203.00	3	btl				
18	Dexamithasone Na phosphate 4mg/ml/amp	286.00	5	Ampule				
19	Dextromethorphan+phenylpropanolamine+paracetamol/cap	1,040.00	3	box				
20	Dicycloverine 10mg Tablet	650.00	1	Box of 100's				

*Please see attached specification

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Purpose: For Hospital Use

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- Tacloban Samar Cebu
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R E Q U E S T F O R Q U O T A T I O N

PR No: **STF-2021-03-00084 (Page 3 of 7)**Canvass No: **C-2021-101**Date: **03-30-2021**

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Address of Supplier:

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Contact No. & E-mail Address:

Deadline for Submission of RFQ: **7 Calendar days**

Item No	Articles (Complete description and specification)	ABC	Qty.	Unit	Unit Price	Total Price	FOB (VSU Main, Visca, Baybay City, Leyte)	Authorized By:
21	Dicycloverine 10mg/5ml/60ml Syrup	59.00	3	btl				JESSAMINE C. ECLEO Head, Procurement Office
22	Epinephrine hydrochloride 1mg/ml/ampule	780.00	2	Box of 10's				Canvassed By:
23	Furosemide 10mg/ml/2ml ampule	585.00	1	Box of 10's				LESTER LAYOLA / BRYAN REBUYAS Canvasser
24	Furosemide 40mg/tablet	20.00	10	tab				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
25	Hydralazine hydrochloride 20mg/ml/1ml ampule	429.00	5	Ampule				
26	Hydrocortisone sodium succinate 100mg powder/vial	1,300.00	1	Box of 10's				(Printed Name & Signature of Supplier)
27	hydrocortisone sodium succinate 250mg powder/vial	4,000.00	1	Box of 10's				
28	Hyoscine N-butyl bromide 10mg/tab	1,020.00	2	box				
29	Hyoscine N-butyl bromide 20mg/ml/1ml ampule	650.00	2	Box of 10's				
30	Isosorbide dinitrate 1mg/ml/10ml ampule	260.00	4	Ampule				

*Please see attached specification

End-User: VSUHSO
 Purpose: For Hospital Use

- | | | |
|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Baybay | <input type="checkbox"/> Ormoc | <input type="checkbox"/> Manila |
| <input type="checkbox"/> Tacloban | <input type="checkbox"/> Samar | <input type="checkbox"/> Cebu |
| <input type="checkbox"/> Leyte | <input type="checkbox"/> So. Leyte | <input type="checkbox"/> Davao |

Control No: _____

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PR No: **STF-2021-03-00084 (Page 4 of 7)**

Canvass No: **C-2021-101**

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Address of Supplier:

Delivery Period: **within 15 calendar days from receipt of P.O**

Contact No. & E-mail Address:

Deadline for Submission of RFQ: **7 Calendar days**

Item No	Articles (Complete description and specification)	ABC	Qty.	Unit	Unit Price	Total Price	FOB (VSU Main, Misco, Baybay City, Leyte)	Authorized By:
31	Isosorbide dinitrate 5mg tablet	1,950.00	1	Box of 100's				 JESSAMINE C. ECLEO Head, Procurement Office
32	Ketorolac tromethamine 30mg/ml/1ml ampule	1,300.00	1	Box of 10's				Canvassed By:
33	Lidocaine hydrochloride 2%/50ml	65.00	3	Vial				
34	Loratadine 10mg/tablet	1,560.00	1	Box of 100's				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
35	Mefenamic acid 250mg/cap	650.00	2	Box of 100's				
36	Mefenamic acid 500mg/cap	1,300.00	5	Box of 100's				
37	Metoclopramide 10mg/tab	2,400.00	1	Box of 100's				
38	Metoclopramide 5mg/ml/2ml ampule	2,600.00	1	Box of 10's				
39	Metoclopramide 5mg/ml/60ml Syrup	65.00	3	btl				
40	Nifedipine 5mg, sublingual	2,000.00	1	Box of 100's				
							(Printed Name & Signature of Supplier)	

*Please see attached specification

End-User: VSUHSO
Purpose: For Hospital Use

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Deadline for Submission of RFQ: **7 Calendar days**

Item No	Articles (Complete description and specification)	ABC	Qty.	Unit	Unit Price	Total Price	FOB (VSU Main, Visca, Baybay City, Leyte)	Authorized By:	
41	Ofloracin otic solution .3%/ml bottle	390.00	2	btl				FOB (VSU Main, Visca, Baybay City, Leyte)	JESSAMINE C. ECLEO Head, Procurement Office
42	Oral rehydration solution 20.5g sachet	487.00	2	Box of 25's					Canvassed By:
43	Oxytocin 10 IU/ml/1ml ampule	1,950.00	1	Box of 10's					LESTER LAYOLA / BRYAN REBUYAS Canvasser
44	Paracetamol 125mg/5ml/60ml Bottle	52.00	4	btl					
45	Paracetamol 125mg/supp	260.00	2	Box of 10's					Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
46	Paracetamol 250mg/120ml Bottle	52.00	4	btl					
47	Paracetamol 250mg/supp	260.00	2	Box of 10's					
48	Paracetamol 500mg/tab	650.00	3	box					
49	Phenylpropanoalmine hcl+chlorphenamine maleate+paracetamol	780.00	3	box					(Printed Name & Signature of Supplier)
50	PLR, 1L	1,560.00	2	Box of 12's					

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- | | | |
|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Baybay | <input type="checkbox"/> Ormoc | <input type="checkbox"/> Manila |
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51	PNSS, 1L	1,560.00	2	Box of 12's				JESSAMINE C. ECLEO Head, Procurement Office
52	Salbutamol sulfate 2.5mg/2.5mg/nebule	1,040.00	2	Box of 30's				Canvassed By: LESTER LAVOLA / BRYAN REBUYAS Canvasser
53	Sterile Water for Injection	1,508.00	2	Box of 20's				
54	Terbutaline sulfate 500mcg/ml/amp	104.00	5	Ampule				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
55	Tetanus antitoxin 3000 IU/ml/amp	1,300.00	3	Box of 10's				
56	Tetanus toxoid solution 0.5ml/amp box of 10	1,300.00	4	Box of 10's				
57	Tobramycin ophthalmic solution	455.00	2	btl				
58	Tramadol 50mg/ml/1ml ampule	1,950.00	1	Box of 10's			(Printed Name & Signature of Supplier)	
59	Tramadol hydrochloride 50mg/cap	39.00	20	Capsule				
60	Tranexamic acid 100mg/ml/5ml ampule	1,800.00	1	Box of 10's				

*Please see attached specification

End-User: VSUHSO
Purpose: For Hospital Use

- Baybay
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61	Tranexamic acid 500mg/cap	2,080.00	2	box				JESSAMINE C. ECLEO Head, Procurement Office
62	Amoxicillin 500mg/cap	970.00	5	Box of 100's				Canvassed By:
63	Omeprazole 20mg cap	1,200.00	3	Box of 100's				LESTER LAYOLA / BRYAN REBUYAS Canvasser
64	Omeprazole 40mg cap	2,000.00	3	Box of 100's				Signature of Authorized Canvasser I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
65	Pantoprazole 40mg/tab	2,000.00	2	Box of 30's				
66	Bisacodyl 5mg/tab	2,000.00	1	Box of 100's				(Printed Name & Signature of Supplier)
67	Guaifenesin+Salbutamol 100mg/2mg cap	800.00	2	Box of 100's				
68	Celecoxib 200mg/tab	2,000.00	2	Box of 100's				
69	Ibuprofen 200mg/cap	1,200.00	1	Box of 100's				
70	Aluminum magnesium hydroxide/tab	500.00	4	box				

*Please see attached specification

End-User: VSUHSO
Purpose: For Hospital Use

- Baybay Ormoc Manila
- Tacloban Samar Cebu
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