



REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

July 4, 2024

Date

Dear Supplier/Service Provider

You are hereby informed that the Davao Oriental State University (DOrSU) wherever deemed proper and authorized under Rule XVI, IRR of RA 9184, will receive sealed price quotation for the supply/delivery of the following items/goods or services at DOrSU, City of Mati, Davao Oriental where the said quotation will be opened on _____ or wherever deemed necessary as indicated below:

Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
36	btl	Multivitamins	syrup, 60ml, expiration 2 years	_____	_____
15	btl	Multivitamins	drops, 15ml, expiration: 2 years	_____	_____
30	btl	Paracetamol	syrup, 250mg, expiration: 2 years	_____	_____
15	btl	Paracetamol	drops, 100mg/ml susp. 15ml, expiration 2years	_____	_____
2	box	Glucu Strips	test strips, 25pcs/box	_____	_____
2	unit	Glucometer	honey test blood glucose monitoring	_____	_____
2	box	Lancet	Blood lancet, 50pcs/box	_____	_____
2	unit	BP Apparatus	digital	_____	_____
4	roll	Cotton	400mg	_____	_____
3	btl	Lidocaine	20mg (50ml): expiration 2 years	_____	_____
1	btl	Hydrogen peroxide	500ml, expiration 2 years	_____	_____
1	btl	Disinfectant Spray	concentrated, 150ml	_____	_____
1	box	Working gloves	Size: Medium, nonsterile, 25pairs/box	_____	_____
1	box	Sterile gloves	size 7, surgical gloves, 50 pairs/box	_____	_____
1	box	Sterile gloves	size 6, surgical gloves, 50 pairs/box	_____	_____
3	box	Chromic Suture	catgut 3/0, absorbable suture, 12pcs/box	_____	_____
3	box	Sterile Gauze	4x4, 100pcs/box	_____	_____
35	btl	Mefenamic acid	250mg suspension, expiration 2 years	_____	_____
35	btl	Amoxicillin	250mg suspension, expiration 2 years	_____	_____

Approved Budget: P 25,505.00

PR #: 2024-07-537

Date: 06/06/2024

Requesting Unit/Office : _____

SIC

Small Value Procurement Documentary Requirements :

1. Mayor's/Business Permit
2. PhilGEPS Registration Number
3. Income/Business Tax Return (for ABCs above P500,000.00)
4. Omnibus Sworn statement (for ABCs above P50,000.00) before the issuance award
5. External Provider form (from DOrSU)

[Handwritten mark]

DR. CHERYL L. BAUTISTA
BAC Chairperson

The Bids and Awards Committee:

I hereby submit my/our offer at the price indicated opposite the items and agree to the terms and conditions of this as stated on the flipside of this Request/Invitation.

Canvassed/Distributed by:

Name of Establishment

Date: _____

Authorized Signature