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REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

August 6, 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
10	tube	ketoconazole cream	ointment 20mg/g	_____	_____
10	btl	neomycin-polymycin B-dexamethasone	eyedrops 5ml/bot	_____	_____
5	btl	Flucinolone acetanide +polimicin B sulfate + neomycin Sulfate	otic drops ,5ml	_____	_____
21	box	Metformin	500 mg tab, 100 tabs/box	_____	_____
50	btl	Ferrous Sulfate	tablet, coated, 100 tabs/bot	_____	_____
4	box	Ibuprofen	200mh Softgel capsule, 100caps/box	_____	_____
75	box	Paracetamol / Phenylpropanolamine / Chlorphenamine	325mg / 25mg / 2mg , tablet 100tabs/box	_____	_____
5	box	Prednisone	100mg tablet, 100tab/box	_____	_____
1	box	Captopril	25mg tablet, 100tab/box	_____	_____
42	box	Vit c + Zinc	500mg/10mg tab, 100tab/box	_____	_____
40	box	Ambroxol	30mg tablet, 100tabs/box	_____	_____
2	gal	Betadine	10%, gallon	_____	_____
20	box	gloves	Vinyl-nitrile blend, 100pcs/box, black, XL	_____	_____
20	box	gloves	Vinyl-nitrile blend, 100pcs/box, white, XL	_____	_____
43	ampule	Tetanus Toxoid	0.5ml ampule	_____	_____

Approved Budget: P 181,776.00

PR #: 2024-08-669 Date: _____ Requesting Unit/Office : HSU

- 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)

sgd
DR. CHERYLL 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:

_____ Date: _____

_____ Name of Establishment

_____ Authorized Signature