



## REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

January 28, 2025

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
2000	pcs	Amlodipine	5mg, tablet	_____	_____
2000	pcs	Losartan	50mg, tablet	_____	_____
3	pcs	Silver Sulfadiazine	10mg/g cream 20 grams	_____	_____
1500	pcs	Paracetamol	500mg, tablet	_____	_____
100	pcs	Hyosine Butylbromide	10mg tablet	_____	_____
500	pcs	Cefalexin	500mg, tablet	_____	_____
2000	pcs	Lagundi	500mg, tablet	_____	_____
2000	pcs	Paracetamol	Phenylpropanolamine HCL Chlorpenamine Maleate 325mg/25mg/2 mg tab	_____	_____
3000	pcs	Ascorbic Acid	500mg tab sugar coated	_____	_____
1000	pcs	Cetirizine	10mg tablet	_____	_____
300	pcs	Doxycycline	100mg, capsule	_____	_____
100	pcs	Celecoxib	200mg, tablet	_____	_____

Approved Budget: P 197,495.00

PR #: 2025-01-0043      Date: 1/16/2025      Requesting Unit/Office : BC

**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)

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: \_\_\_\_\_

sgd

**DR. CHERYLL L. BAUTISTA**

BAC Chairperson

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Authorized Signature