



Document Code No.			
<b>FM-DOrSU-PROC-10</b>			
Issue Status	Rev No.	Effective Date	Page No.
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**REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)**

March 27, 2026

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
<b>Note: Expiration date of at least 2 years from the time of delivery.</b>					
1	box	Aspirin	80mg tablet, 100s/box	_____	_____
50	box	Acetylcysteine	600mg tablet, 10 tabs/box	_____	_____
5	box	Allopurinol	300mg capsule, 100s/box	_____	_____
10	box	Amoxicillin	500mg capsule, 100s/box	_____	_____
16	box	Ascorbic Acid	500mg tablet, 100s/box	_____	_____
20	box	Atorvastatin	20mg tablet, 100s/box	_____	_____
10	box	Atorvastatin	40mg tablet, 100s/box	_____	_____
150	box	Azithromycin	500mg tabler, 3 tabs/box	_____	_____
1	box	Captopril	25mg tablet, 100s/box	_____	_____
100	box	Cetirizine	10mg tablet, 100s /box	_____	_____
150	box	Co-amoxiclav	500/125mg tablet, 14s/box	_____	_____
100	box	Co-amoxiclav	1gram tablet, 14s/box	_____	_____
1	box	Domperidone	10mg tablet, 100s/box	_____	_____
25	box	Gliclazide	80mg tablet, 100s/box	_____	_____
25	box	Gliclazide	60mg tablet, 100s/box	_____	_____
10	box	Hyoscine-N-Butylbromide	10mg tablet, 100s/box	_____	_____
10	box	Loperamide	2mg tablet, 100s/box	_____	_____
30	box	Mefenamic Acid	500 mg capsule, 100s/box	_____	_____
30	box	Metformin	500mg tablet, 100s/box	_____	_____
4	box	Metronidazole	500mg tablet, 100s/box	_____	_____

Approved Budget: Please see page 4 for ABC

PR #: 2026-03-0155A,B,C,D&E

Date: 3/11/2026

Requesting Unit/Office : \_\_\_\_\_

OHS

**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:

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

Date: \_\_\_\_\_

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

sgd  
**ROY M. PADILLA, DVM, MAS**  
BAC Chairperson



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Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
36	tubes	Mupirocin	Ointment 2%, 5g/tube	_____	_____
1	box	Aripazole	10mg tablet, 100s/box	_____	_____
12	box	Aluminum Hydroxide Magnesium hydroxide Simethicone	178/233mg/30, 100s/box	_____	_____
10	box	Antiseptic plastic strips	50 strips/box	_____	_____
1	box	Diphenhydramine ampule	10mg/ml, 10 amps/box	_____	_____
1	tube	Epinephrine ampule	1mg/ml, 10s/box	_____	_____
5	pc	Hydrocortisone	Vial, 100mg/vial	_____	_____
3	box	Hyoscine-N-butylbromide	Ampule, 20mg/ml	_____	_____
3	btl	Lidocaine HCL+Epinephrine	Cartridges x1.8ml/box, 50s/box	_____	_____
25	pack	Nasal oxygen cannula	Adult	_____	_____
30	box	Nebulization kit	Adult	_____	_____
30	box	Non sterile gauze swab	Medium, 100s/box	_____	_____
13	pack	Omeprazole	40mg capsule, 70s/box	_____	_____
35	box	Paracetamol	500mg tablet, white, 100s/box	_____	_____

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Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
20	box	Salbutamol	Nebule, 1mg/ml, 30 ampoules/box	_____	_____
10	box	Silver sulfadiazine	Cream, 20 mg /tube	_____	_____
50	box	Tetanus toxoid	0.5ml per ampule, storage in appropriate temperature.	_____	_____
5	box	Tranexamic acid	500 mg capsule, 100s/box	_____	_____
5	packs	Dental bibs	Disposable 100s/packs	_____	_____
50	btl	Emergency Thermal Blanket	Waterproof, individually pack	_____	_____
15	box	HGT Strips	2x25 test strips per box For contour plus	_____	_____
55	box	Face mask	3 ply, medical, blue	_____	_____
3	units	NIBP cuff	Cuff for Patient Monitor 25-35 , for adult	_____	_____
10	btl	Plain LR	1L	_____	_____
30	btl	Plain NSS	1L	_____	_____
10	pcs	SAM Splint	Rolled, polymer size L 150-920	_____	_____
10	pcs	SAM SPLINT	Rolled, polymer size L 110-920 mm	_____	_____
2	pcs	Sports Spray	100ml	_____	_____
10	box	Sterile Gauze	2x 2, 100s/box	_____	_____
10	box	Sterile Gauze	4x 4, 100s/box	_____	_____
1	btl	Sterile Water	5ml, 100s/box	_____	_____
2	units	Stethoscope	lightweight	_____	_____
10	box	Surgical tape	1 inch by 10 Yards 12pcs/box	_____	_____
3	box	syringes	3 cc, 100 pcs/box	_____	_____

Approved Budget: Please see page 4 for ABC

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Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
10	box	Gloves	Vinyl nitrile, non-sterile large 100s/box	_____	_____
10	box	Gloves	Vinyl nitrile, non-sterile medium 100s/box	_____	_____
10	box	Gloves	Vinyl nitrile, non-sterile small 100s/box	_____	_____
1	pc	Syringe	Asepto	_____	_____
5	set	BP Apparatus	Manual with Stethoscope	_____	_____
5	set	BP cuff	With inflation, adult, With BP bulb, spiral	_____	_____
10	box	Biohazard box	5L, yellow	_____	_____
1	pc	Cervical collar	soft	_____	_____
2	packs	Cotton balls	1000s/pack	_____	_____
20	pcs	Heplock	Sterile	_____	_____
50	pcs	Iv cannula	G20	_____	_____
50	pcs	Iv cannula	G22	_____	_____
50	pcs	Macroset		_____	_____
1	gal	Povidone iodine	5l/gallon	_____	_____
10	btl	Povidone iodine	500ml/bot	_____	_____
20	pcs	Triangular bandage	Cloth, white	_____	_____
2	set	Soaking pan	Stainless steel, with lid-Ultrasonic tank compatible	_____	_____
1	pack	Infectious Garbage bag	Yellow,large, 100s/pack	_____	_____
1	pack	Infectious garbage bag	Yellow, small 100s/pack	_____	_____

Approved Budget: ₱545,145.00

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## REQUEST FOR QUOTATION/INVITATION TO BID

\_\_\_\_\_ Date

### NOTICE TO BIDDERS/OFFERORS:

Sealed bids subject to the terms and conditions stated below will be opened at the DAVAO ORIENTAL STATE UNIVERSITY at \_\_\_\_ o'clock \_\_\_\_ on \_\_\_\_\_. Bidders are invited if they wish to be present at the time stated when the bids shall be opened.

### TERMS AND CONDITIONS

- 1 Goods offered must be Brand New, unless otherwise specified. Bidders/Offerors can offer an alternate item that is close to, or be a better substitute of the prescribed item(s), specifying at least its minimum characteristic and/or performance.
- 2 The envelope containing the bids shall be sealed and be addressed to:  
  
The Chairman  
Bids and Awards Committee  
Davao Oriental State University
- 3 The sealed bid envelope should be dropped in the Bid Box by the interested bidder or his authorized representative at the Guard House of the University. It could also be sent thru a reliable and registered Courier-Forwarder. Request for Quotation may be picked up by the authorized University Procurement Practitioner(s) If Supplier/Provider chooses to.
- 4 The Goods/Services provider must be bona fide Supplier of the Locality or outside provided they have complied the eligibility requirements stated or specified.
- 5 Goods/Services supplied herein are subject to inspection by the Property Inspector and End-User, and the acceptance /rejection of the Supply Officer or his/her authorized representative.
- 6 Except when otherwise stated all laws, rules, regulation, and standard specifications approved by the Bureau of products Standards and/or the Commission of Audit, including tolerance apply to and govern this bid.
- 7 Goods/Services supplied hereon shall be delivered within \_\_\_\_\_ calendar days from receipt of purchase/job order. A penalty of one tenth of one percent (1/10 of 1%) of the total purchase shall be imposed for every day of the delay to be reckoned for the day immediately following the expiration of the specified delivery period.

OFFERORS

AUTHORIZED SIGNATURE

DATE RECEIVED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_