



Republic of the Philippines  
Department of Education  
REGION XI  
SCHOOLS DIVISION OF DIGOS CITY

**REQUEST FOR QUOTATION**  
**No. 25-04-055-A**

The **Department of Education, Schools Division of Digos City**, through its Bids and Awards Committee, intends to invite eligible bidders for the "**Procurement of Medicinal Drug for Non-Teaching Personnel of the Schools Division Office of Digos City (Recanvass)**" for CY 2025 in accordance with the provisions of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184. The Approved Budget for the Contract (ABC) is **Twenty Thousand Pesos Only (P20,000.00)**.

Please quote your **best offer** for the item/s described herein, **subject to the attached Annexes A and B (Terms and Conditions)** provided as part of this Request for Quotation (RFQ). Submit your quotation duly signed by your authorized representative **not later than May 19, 2025, 1:30 PM** at the DepEd Schools Division Office-Digos City, Roxas cor. Lopez Jaena Street, Zone II, Digos City, Davao del Sur. **Quotations may also be submitted through facsimile or email at the address and contact numbers indicated below.**

A copy of your **2025 Business/Mayor's Permit** and **PhilGEPS Registration Number** is also required to be submitted along with your signed quotation/proposal. A **valid and updated Certificate of PhilGEPS Registration (Platinum Membership)** (all pages) may be submitted in lieu of the Mayor's/Business Permit.

The Supplier/Service Provider with the Single/Lowest Calculated Quotation shall submit its **Omnibus Sworn Statement (GPPB-prescribed forms)** within a non-extendible period of five (5) calendar days from the receipt of the notice from the Bids and Awards Committee that it submitted the Single/Lowest Calculated Calculation.<sup>1</sup>

For any clarification, you may contact us at telephone no. **(082)-553-8396**, or email address at [bac.digoscity@deped.gov.ph](mailto:bac.digoscity@deped.gov.ph).

**MARIA GENEVIEVE T. FRANCISQUETE, Ed.D.**  
*BAC Chairperson*

<sup>1</sup> Failure to submit the required documents on time, or finding against the veracity thereof, shall disqualify the supplier/service provider for award. In case the notice for the submission of post-qualification documents is sent via the bidder's email, it shall be considered as received by the bidder on the date and time the email was sent, whether or not the bidder acknowledged the said email. It shall be the bidder's responsibility to check its/his/her email for the purpose.



Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Store/Shop: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 TIN No.: \_\_\_\_\_  
 PhilGEPS \_\_\_\_\_  
 Registration Number: \_\_\_\_\_

RFQ No.: **25-04-055-A**Date: **May 14, 2025**Date and Time of Opening: **May 19, 2025, 1:30 PM****INSTRUCTIONS:**

- (1) Accomplish this Request for Quotation (RFQ) correctly and accurately.
- (2) The use of this RFQ is highly encouraged to minimize errors or omissions of the mandatory provisions.
  - If a different form is used other than the RFQ, the quotation shall contain all the mandatory provisions, including manifestation of the agreement with the Terms and Conditions below.
  - In case a prospective supplier or service provider submits a filled-out RFQ with a supporting document (i.e., price quotation in a different format), both documents shall be considered unless there is any discrepancy. In this case, provisions in the RFQ shall prevail.
- (3) Do not alter the contents of this form in any way.
- (4) All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- (5) Failure to follow these instructions will disqualify your entire quotation.

**Sir/Madam:**

After having carefully read and accepted the Terms and Conditions in the Request for Quotation, hereunder is our quotation for the item/s as follows:

**TECHNICAL SPECIFICATIONS**

1. Please quote your **best offer** for the item/s below. Please do not leave any blank items. Indicate "0" if the item being offered is for free.
2. Bidders must state "**Comply**" or any equivalent term in the column "**Bidder's Statement of Compliance**" against each of the individual parameters of each Specification.

| Item         | Description                                                                                                              | Total Quantity | Unit    | Bidder's Statement of Compliance | Unit Cost (Vat Inclusive) | Unit Cost (Vat Inclusive) |
|--------------|--------------------------------------------------------------------------------------------------------------------------|----------------|---------|----------------------------------|---------------------------|---------------------------|
| <b>Lot 1</b> | <b>Procurement of Medicinal Drug for Non-Teaching Personnel of the Schools Division Office of Digos City (Recanvass)</b> |                |         |                                  |                           |                           |
|              | Metoclopramide Hydrochloride, 10mg                                                                                       | 25             | tablet  |                                  |                           |                           |
|              | Hyoscine N-Butyl bromide, 10mg                                                                                           | 25             | tablet  |                                  |                           |                           |
|              | Bacillus clausii respule, 2 billion spores, 10x5ml (50ml)                                                                | 10             | ampule  |                                  |                           |                           |
|              | Racecadotril, 30mg, granules for oral suspension                                                                         | 16             | sachet  |                                  |                           |                           |
|              | Oral Rehydration Solution/Salts, 4.1grams                                                                                | 50             | sachet  |                                  |                           |                           |
|              | Co-Amoxiclav, 625mg                                                                                                      | 30             | tablet  |                                  |                           |                           |
|              | Azithromycin, 500mg                                                                                                      | 21             | capsule |                                  |                           |                           |
|              | N-Acetylcysteine Effervescent, 600mg                                                                                     | 25             | tablet  |                                  |                           |                           |
|              | Clonidine Hydrochloride, 75mcg                                                                                           | 25             | tablet  |                                  |                           |                           |
|              | Celecoxib, 200mg                                                                                                         | 12             | tablet  |                                  |                           |                           |
|              | Butamirate Citrate, 50mg                                                                                                 | 25             | tablet  |                                  |                           |                           |
|              | Cetirizine Dihydrochloride, 10mg                                                                                         | 30             | tablet  |                                  |                           |                           |
|              | Methylsalicylate Camphor + Menthol Oil, 100ml                                                                            | 3              | bottle  |                                  |                           |                           |
|              | Vitex negundo L. (lagundi leaf) ofplemed forte, 600mg tablet                                                             | 100            | capsule |                                  |                           |                           |
|              | Hexetidine Oral mouthwash, 250ml                                                                                         | 3              | bottle  |                                  |                           |                           |
|              | Zinc Oxide Calamine ointment                                                                                             | 10             | sachet  |                                  |                           |                           |
|              | Paracetamol Phenylpropanolamine HCL Chlorphenamine Maleate, 325mg/25mg/2mg                                               | 100            | tablet  |                                  |                           |                           |
|              | Paracetamol (analgesic, antipyretic), 500mg                                                                              | 100            | tablet  |                                  |                           |                           |
|              | Loperamide, 2mg                                                                                                          | 100            | capsule |                                  |                           |                           |
|              | Mefenamic Acid, 500mg                                                                                                    | 50             | capsule |                                  |                           |                           |
|              | Ethyl Alcohol, 70% solution (antiseptic, antibacterial sanitizer), 500ml                                                 | 5              | bottle  |                                  |                           |                           |
|              | Facemask, 3-ply earloop, 50 pieces per box                                                                               | 3              | box     |                                  |                           |                           |

\* The above-quoted prices are inclusive of all costs and applicable taxes

**SCHEDULE OF REQUIREMENTS**

| Item         | Description                                                                                                              | Delivery Schedule                                                                                                                                | Bidder's Statement of Compliance |
|--------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Lot 1</b> | <b>Procurement of Medicinal Drug for Non-Teaching Personnel of the Schools Division Office of Digos City (Recanvass)</b> | Within fifteen (15) calendar days from receipt of Purchase Order to be delivered in the Department of Education - Schools Division of Digos City |                                  |

**FINANCIAL OFFER**

| Approved Budget for the Contract                          | Total Offered Quotation              |
|-----------------------------------------------------------|--------------------------------------|
| <b>Twenty Thousand Pesos Only</b><br><b>PHP 20,000.00</b> | In words: _____<br>In figures: _____ |



| PAYMENT DETAILS             |                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment Terms:</b>       | Payment shall be made promptly, but in no case later than sixty (60) days, through Land Bank's LDDAP-ADA/Bank Transfer facility after submission of billing statement/invoice and upon fulfillment of other obligations as stipulated in the contract as well as upon inspection and acceptance of the goods by the end user, subject to other payment terms as prescribed in this RFQ. |
| <b>Banking Institution:</b> |                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Account Number:</b>      |                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Account Name:</b>        |                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Branch:</b>              |                                                                                                                                                                                                                                                                                                                                                                                         |

CONFORME:

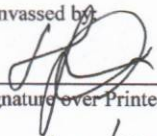
|                             |
|-----------------------------|
| Signature over Printed Name |
| Position/Designation        |
| Office Telephone No.        |
| Fax/Mobile No.              |
| Email address/es            |

ANNEX "B"

### TERMS AND CONDITIONS

- Bidders shall provide the correct and accurate information required in this form.
- Price quotation/s must be valid for a period of sixty (60) calendar days from the date of submission of quotation and/or until the implementation of the program.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/or levies payable.
- Quotations exceeded the Approved Budget for the Contract shall be rejected.
- Bidders must have a physical store with readily available supplies in case in need of post-qualification evaluation.
- Products covered by the Bureau of Philippine Standards' (BPS) mandatory product certification schemes, whether locally manufactured or imported, are required to bear the Philippine Standard (PS) mark or Import Commodity Clearance (ICC).
- Award of the contract shall be made to the lowest calculated and responsive quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications.
- The Department of Education - Schools Division of Digos City shall have the right to inspect and/or to test the goods to confirm their conformity to the technical sp
- In case two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the DepEd - Digos City Division shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-
- Payment shall be processed after delivery and upon the submission of the required supporting documents, in accordance with existing government accounting rules and regulations. Please note that the corresponding bank transfer fee, if any, shall be charged to the contractor's account.
- Payment shall be made promptly, but in no case later than sixty (60) days, through Land Bank's LDDAP-ADA/Bank Transfer facility after submission of billing statement/invoice and upon fulfillment of other obligations as stipulated in the contract as well as upon inspection and acceptance of the goods by the end user, subject to other payment terms as prescribed in this RFQ.
- Liquidated damages equivalent to one-tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The DepEd - Digos City Division may rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Canvassed by

  
Signature over Printed Name

05/15/25  
Date

CONFORME:

|                             |
|-----------------------------|
| Signature over Printed Name |
| Position/Designation        |
| Office Telephone No.        |
| Fax/Mobile No.              |
| Email address/es            |