

Republic of the Philippines Department of Education National Capital Region Schools Division Office of Muntinlupa City

November 13, 2024

REQUEST FOR PRICE QUOTATION (RFQ)

Please quote your lowest price, inclusive of taxes on the item/s listed below, not higher than **Two Hundred Thousand Pesos (P 200,000.00)** being the Approved Budget for the Contract (ABC) and submit the signed and sealed quotation to the Office of the BAC Chair, thru the Receiving Section of the SDO, on or before November 18, 2024; 10:00 am. Quotations higher than the ABC shall be rejected.

For more information, please contact **Ms. Lourdes V. Rodilla/Mr. Joseph D. Nilo/Ms. Joiche I. Luna**, BAC Secretariat Chair at Tel. No. (02) 8829-2308 loc. 129/120 or at sdomuntinlupabacsec@gmail.com.

MA. REGAELE A. OLARTE

MA. REGAELEA. OLARTE BAC Chairperson

ltem No	Qty.	Unit	Item Description	PRICE		
				ADC	QUOTE	
				ABC	Unit	Total
PROC			QUIPMENT AND SUPPLIES FOR THE PROGRAM SU , DENTAL AND NUTRITION SERVICES (MNDNS) PI			MEDICAL
andre estis antesianes		ine of the deside it with the state of the s	LOT 1 – MEDICAL EQUIPMENT			1
1	24	piece	Microtoise, Seca 206 *Roll-up measuring tape seca 206 with wall attachment. Uncomplicated fixing on wall with just one screw. With display window in the head piece. it's easy to read-off the height. The durable tape is made of metal Measuring range: 0-220 cm/ 0-87" Graduation: 1mm/ 1/8" Dimensions (WxHxD) 125 x 125 x 173 mm/ 4.9 x 4.9 x 6.8" Weight: 202 g/ 0.4 lbs	₽ 72,000.00		
2	2	set	Mobile Stadiometer with integrated level, Seca 2131 *The measuring rod can be dismantled into several pieces can be set up easily and quickly. It is mounted on the floor plate in no time Measuring range: 20-205 cm, 20-205/ 8-81" Graduation: 1mm, 1mm/ 1/8"	₱ 37,030.00		





Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City 8805-9935, 8805-9940

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Item					PRICE
No	Qty.	Unit	Item Description	ABC	QUOTE
					Unit Total
PROC			UIPMENT AND SUPPLIES FOR THE PROGRAM SI DENTAL AND NUTRITION SERVICES (MNDNS) P	이 사람들은 것은 것을 많이 가슴이 있었다.	
			Dimensions: (WxHxD) 337 x 2.130 x 590mm/ 13.3 x 83.9 x 23.2 Dimensions, for transport (WxHxD) 337 x 177 x 624 mm / 13.3 x 7 x 24. 6" Device weight: 2.4 kg / 5.3 lbs		
			Optional: carrying case seca 412		
			LOT 2 – MEDICAL SUPPLIES		
1	55	bottle	Paracetamol, Syrup, 60mL, 250mg/5ml (2-3 years expiration)	₱ 9,900.00	
2	300	piece	Paracetamol, 500mg (2-3 years expiration)	₱ 2,100.00	
3	300	piece	Phenylephrine HCl Chlorphenamine Maleate Paracetamol + Zinc, 500mg (2-3 years expiration)	₱ 2,700.00	
4	21	nebule	Salbutamol, 1 mg/ml (2-3 years expiration)	₱ 735.00	
5	19	set	Nebulizer Replacement Kit, pediatric (2-3 years expiration)	₱ 2,185.00	
6	10	piece	Transpore medical tape, 1" (2-3 years expiration)	₱ 1,650.00	
7	21	box	Nitrile Examination Gloves, powder-free, Small (2-3 years expiration)	₱ 6,300.00	
8	40	box	Nitrile Examination Gloves, powder-free, Medium (2-3 years expiration)	₱ 12,000.00	
9	14	box	Nitrile Examination Gloves, powder-free, Large (2-3 years expiration)	₱ 4,200.00	
10	4	box	Nitrile Examination Gloves, powder-free, XL (2-3 years expiration)	₱ 1,200.00	
			LOT 3 -DENTAL SUPPLIES		
1	16	tube	Sodium Fluoride Dental Suspension, 50mg/ml, 10ml, Duraphat (2-3 years expiration) *For caries prophylaxis and treatment of hypersensitive teeth Content: 1 ml contains 50mg sodium fluoride equivalent to 22.6 mg of Fluoride Color: brown/yellow opaque suspension - with free 40 pcs kiddie toothbrush and 40 pcs twin-pack sachet toothpaste per tube of purchased Duraphat (For Public Health) - Authorized Distributor of Colgate-Palmolive Philippines, Inc. Professional Oral Care -Certification of Authenticity from FDA	₱ 48,000.00	
				₽ 200,000.00	

Terms of Payment: Payment shall be made by the Procuring Entity through Land Bank's LDDAP-ADA/Bank Transfer Facility or through Land Bank's cheque whichever is the preferred payment of the supplier, not later than sixty (60) days after submission of an invoice or claim by the Supplier. Bank Transfer fee shall be charged against the creditor's account.

Contract Duration	7 Calendar Days	
Mayor's Permit No:	Contact Number:	
Issued on:	Landline No.:	
Issued at:	Mobile No.:	
SEC/CDA/DTI Registration No.:	Name of Owner / Authorized Representative:	
PhilGEPS Registration No.:	Signature:	

Important Terms

Each supplier shall fill-up this Request for Price Quotation Form with the following attachments:

- photocopy of the valid business permit/ mayor's permit
- photocopy of PhilGEPS registration
- photocopy of the Income Tax Return (if the ABC is above PhP 500,000.00)
- notarized original copy of the Omnibus Sworn Statement (if the ABC is above PhP 50,000)

All technical specifications are mandatory. Suppliers shall indicate the brand, model, and complete specification of the offered commodity. The form must be signed by the owner/ authorized representative. Should there be submission of a separate quotation with a different declared amount, the quote in the RFQ prevails.

Failure or non-compliance with the above-cited pre-requisites shall be grounds for the supplier's disqualification.