



**REQUEST FOR QUOTATION (RFQ)**

1. Philippine Ports Authority - Port Management Office of Bicol (PPA-PMO Bicol), through its Bids and Awards Committee, will undertake the Procurement of Various Medical Supplies for PMO Bicol use in accordance with Section 52.1: Shopping of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184. The details are as follows:

- a. Name of Project : **Procurement of Various Medical Supplies for PMO Bicol**
- b. Reference Number : **RFQ-2019-028**
- c. RFQ Date : **August 30, 2019**
- d. Approved Budget of the CONTRACT (ABC) : **Php 161,995.00**
- e. Deadline for Submission : **September 6, 2019**
- f. Delivery Term : **Within 30 days Upon Receipt of Approved Purchase Order**
- 9 Item Description/Specification :

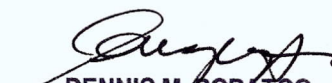
Item No.	Qty.	Unit	Item Description/Technical Specification
1	100	piece	sterile gauze pads 4 x 4
2	5	pack	band aid
3	16	unit	digital thermometer
4	3	unit	finger pulse oximeter with finger case blood pressure health
5	2	unit	nebulizer
6	2	pack	glucose meter strip
7	2	unit	glucose meter
8	40	piece	salbutamol
9	3	unit	medicine cabinet (aluminum)
10	800	piece	dust mask
11	45	piece	calmoseptine
12	100	piece	vaporub
13	70	bottle	Povidone-Iodine 60ml
14	600	piece	Phenylephrine-Chlorphenamine
15	600	box	Paracetamol-Phenylephrine-DXM
16	1000	piece	Paracetamol caplet
17	400	piece	Mefenamic Acid
18	200	piece	Loperamide
19	100	bottle	Katinko
20	300	piece	Ibuprofen-Paracetamol
21	200	piece	Ibuprofen
22	600	piece	Decolgen
23	200	piece	Cetirizine
24	1000	piece	Carbocistine
25	300	piece	Meclizine
26	16	piece	Ammonia 60 ml
27	120	pack	pain relief patch
28	100	piece	gauze bandage
29	30	piece	elastic bandage
30	100	piece	cotton medium pack
31	115	piece	sterile latex gloves

**PORT MANAGEMENT OFFICE OF BICOL**

Regional Government Center, Rawis, Legazpi City, Bicol 4500 Philippines  
 Telefax No.: (052) 482-0303; (052) 482-0304; (052) 480-7087; (052) 482-0309



2. Suppliers shall submit their valid and current eligibility requirements as follows:
  - a. PhilGEPS Registration Certificate
  - b. DTI/SEC Registration
  - c. Mayor's Permit
  
3. Quotations shall be submitted in person to Ms. Francis Ann N. Abainza, BAC Secretariat, Philippine Ports Authority Port Management Office of Bicol, Administrative Division, Regional Government Center, Rawis, Legazpi City. Quotations/documents sent to any other division/s, mail/courier or email will not be considered.
  
4. Quotations shall be addressed to:  
  
**DENNIS M. POPATCO**  
Chairperson, PMO Bicol-BAC  
Philippine Ports Authority  
Port Management Office of Bicol  
Regional Government Center,  
Rawis, Legazpi City
  
5. For further information, you may contact the BAC Secretariat at Telephone Number (052) 480-7087.

  
**DENNIS M. POPATCO**  
Chairperson, PMO Bicol-BAC

## PRICE QUOTATION FORM

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

**DENNIS M. POPATCO**

Chairperson, PMO Bicol-BAC  
Philippine Ports Authority  
Port Management Office of Bicol  
Regional Government Center,  
Rawis, Legazpi City

Dear Mr. Popatco,

After having carefully read and accepted the terms and conditions in the **Request for Quotation (RFQ)** for the procurement of the project, entitled: **Procurement of Various Medical Supplies** for PMO Bicol use, we hereby submit our quotation corresponding to you requirements.

Item No.	Qty.	Unit	Item Description/Technical Specification	Unit Cost	Total Cost
1	100	piece	sterile gauze pads 4 x 4		
2	5	pack	band aid		
3	16	unit	digital thermometer		
4	3	unit	finger pulse oximeter with finger case blood pressure health		
5	2	unit	nebulizer		
6	2	pack	glucose meter strip		
7	2	unit	glucose meter		
8	40	piece	salbutamol		
9	3	unit	medicine cabinet (aluminum)		
10	800	piece	dust mask		
11	45	piece	calmoseptine		
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24	1000	piece	Carbocistine		
25	300	piece	Bonamine		
26	16	piece	Amonia 60 ml		
27	120	pack	pain relief patch		
28	100	piece	gauze bandage		
29	30	piece	elastic bandage		
30	100	piece	cotton medium pack		
31	115	piece	sterile latex gloves		
<b>Total Amount (in Php)</b>					

The above quoted price is inclusive of all costs and applicable taxes.

Very truly yours,

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*Name/Position/Signature of Authorized Representative*

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*Company Name*

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*Company Address*

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*Contact Number*

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*Email Address*