



Republic of the Philippines
Department of Education
Region I

SCHOOLS DIVISION OFFICE OF SAN CARLOS CITY PANGASINAN

REQUEST FOR QUOTATION

Reference No: 20250304-001; RFQ#016

Date: March 4, 2025
Fund Code: ROI-24-1967
MOP: Small Value Procurement
Contact No.: 9228972109
Contact Person: URBANO M. BENITEZ, JR.

Company/Business Name and Address

The Schools Division Office of San Carlos City, through the Bids and Awards Committee, now invites all qualified suppliers/bidders to quote the price **inclusive of VAT** on the items listed below. Submit your Quotation not later than **March 11, 2025, 5:00 PM** together with the following requirements, to wit:

1. Mayor's/Business Permit,
2. PhilGEPS Registration Number Certificate,
3. Certificate of Registration (BIR Form 2303),
4. Notarized Sworn Statement (revised) for ABC more than Php50,000.00.

Note:

1. The prospective bidder/supplier should have a BIR registered Delivery Receipt/Service Invoice.
2. The face of the envelope must contain the name of the Supplier/Bidder and the Name of the Project – similar to the manner of submission of bids in a Public Bidding.
3. The quotation and the documentary requirements stated above must be duly received by the RECORDS OFFICE **through manual submission (onsite) or through their e-mail address at records.sccp@deped.gov.ph** at Schools Division Office of San Carlos City, Pangasinan, to be forwarded by personnel of Records Unit to the BAC Secretariat.
4. The submitted quotation shall be opened and read in the presence of the BAC Members and the undersigned or any representative in lieu of him/her.
5. The Winning Bidder should inform the Schools Division Superintendent of the delivery of goods in writing, three (3) days before the projected delivery through the Records Office through manual submission or through their official e-mail address as indicated above.

URBANO M. BENITEZ, JR.
BUYER/END-USER

GENERAL NAME OF THE ITEMS: Medical Supplies and Equipment

Unit	Article	Quantity	Estimated Approved Unit Cost	Estimated Approved Total Cost	Quotation of Supplier		EVALUATION (Leave this space blank. For BAC/Evaluators only)
					Price per unit	Total Quotation	
unit	Digital Blood Pressure Monitoring Apparatus HEM-7140T1 with Arm Cuff (fits arm circumference 22-32 cms), Cuff Wrapping Guide, Body Movement Detection, Irregular Heartbeat Detection, and Hypertension Indicator	3	P 5,500.00	P 16,500.00			
box	Paracetamol, 325 mg/tablet, 500s	4	P 7,500.00	P 30,000.00			
bottle	Paracetamol Syrup, 60 ml	25	P 95.00	P 2,375.00			
bottle	Povidone-Iodine Antiseptic Solution 10%, 120 ml	25	P 150.00	P 3,750.00			
pack	Regular Cotton Balls, 50s	10	P 50.00	P 500.00			
box	Hypoallergenic Surgical Paper Tape, 3 m	5	P 720.00	P 3,600.00			
pack	Sterile Surgical Gauze, 4x4 - 8 ply, 10s	10	P 100.00	P 1,000.00			
pc	Straight Surgical Forceps	4	P 180.00	P 720.00			
pc	Plastic Kidney Basin (Green)	3	P 65.00	P 195.00			
box	Adhesive Bandage, 100s	13	P 220.00	P 2,860.00			
unit	Height and Weight Scale with Height Measuring Function and BMI Measurement	1	P 5,000.00	P 5,000.00			
pc	Upper Arm Cuff for Automatic Digital Blood Pressure Monitoring Apparatus, 22-52 cm	3	P 1,600.00	P 4,800.00			
unit	Digital Non-contact Infrared Thermometer with Color LED Indicator	2	P 1,850.00	P 3,700.00			
				Total ABC: Php 75,000.00			

PURPOSE: SUPPLY AND DELIVERY OF MEDICAL SUPPLIES AND EQUIPMENT

Canvassed By

Signature of Dealer



Address: Roxas Blvd., San Carlos City, Pangasinan, Philippines,
Telephone No. 075-523 4527
Website: <https://sdosancarloscity1.com>
Email Address: sancarlos.city1@deped.gov.ph