

Republic of Philippines  
City of Canlaon  
OFFICE OF THE BIDS AND AWARDS COMMITTEE  
**REQUEST FOR SEALED QUOTATION**

Date: 12-Mar-26  
Quotation No.: 2026-03-0109  
PR No.: 2026-03-109-B  
Department: CHO, Canlaon City  
BAC Control No.: 109

Sir/Madam:

Please quote your lowest price on the items listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 03/17/2026 in the return envelope.

**PROCUREMENT TERMS & CONDITIONS**

1. The Total Approved Budget for the Contract (ABC) is (P630,000.00)
2. Price quotation should be inclusive of the required tax obligations
3. Delivery period is within 7 days upon receipt of Notice to Proceed (NTP)
4. Refusal to accept an award maybe ground for imposition of administrative sanctions under Rule XXIII of the Revised IRR of RA 9184
5. Failure of the supplier to deliver goods and render services under the contract within the specified delivery schedule shall be liable for damages for the delay.

**ZOSILITO A. ONGCO**  
Vice Chairman/Temp.Presiding Officer

ITEM NO	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	UNIT COST	UNIT PRICE	TOTAL PRICE
1	10	packs	ALCOHOL SWAB	360.00	3,600.00	
2	12	units	ANEROID BP APPARATUS WITH STETHOSCOPE	3,500.00	42,000.00	
3	3	boxes	APPLICATOR STICK w/o Cotton	300.00	900.00	
4	6	boxes	BAND AIDE	300.00	1,800.00	
5	8	gallons	BETADINE	2,200.00	17,600.00	
6	70	packs	COTTON BALL (300 pcs/packs)	290.00	20,300.00	
7	50	rolls	COTTON ROLLS Hospital size	990.00	49,500.00	
8	2	gallons	CIDEX SOLUTION	2,000.00	4,000.00	
9	1	gallons	DENATURED ALCOHOL	1,710.00	1,710.00	
10	12	bottles	DENTAL ANESTHESI (NEW STETIC)	2,200.00	26,400.00	
11	5	boxes	DENTAL NEEDLE LONG	1,200.00	6,000.00	
12	15	boxes	DENTAL NEEDLE SHORT	1,000.00	15,000.00	
13	12	units	DIGITAL BP APPARATUS WITH CHARGER	3,000.00	36,000.00	
14	10	boxes	DISPOSABLE NEEDLE G-26 INCH	1,000.00	10,000.00	
15	25	boxes	DISPOSABLE NEEDLE G-26 1/2 INCH	1,000.00	25,000.00	
16	20	boxes	DISPOSABLE SYRINGE 0.5ML W/ NEEDLE G-26"	1,500.00	30,000.00	
17	20	boxes	DISPOSABLE SYRINGE 1ML W/ NEEDLE G-26"	1,500.00	30,000.00	
18	20	boxes	DISPOSABLE SYRINGE 3 ML W/ NEEDLE G-23"	1,500.00	30,000.00	
19	20	boxes	DISPOSABLE SYRINGE 5 ML W/ NEEDLE G-23"	1,500.00	30,000.00	
20	150	rolls	ELASTIC BANDAGE 2"	100.00	15,000.00	
21	10	rolls	GAUZE-HOSPITAL SIZE	2,400.00	24,000.00	
22	45	bottles	ISOPROPYL ALCOHOL 70% SOLUTION BOTTLE SPRAY	350.00	15,750.00	
23	20	gallons	ISOPROPYL ALCOHOL 70% SOLUTION GALLON	900.00	18,000.00	
24	20	packs	LANCETS	300.00	6,000.00	
25	12	jar	LIDOJEL TOPICAL DENTAL	600.00	7,200.00	
26	30	bottles	LYDOCAINE 50 ML 2% sol	180.00	5,400.00	
27	10	bottles	LYSOL SPRAY (BIG)	1,200.00	12,000.00	
28	20	boxes	PLASTER MICROPORE 1"	1,200.00	24,000.00	
29	15	units	PULSE OXIMETER	1,200.00	18,000.00	
30	5	boxes	SLIDES (Frosted)	520.00	2,600.00	
31	5	boxes	SLIDES (Plain)	520.00	2,600.00	
32	5	boxes	STERILE SURGICAL GLOVES S-7	2,500.00	12,500.00	
33	5	boxes	STERILE SURGICAL GLOVES S-7.5	2,500.00	12,500.00	
34	30	bottles	STERILE WATER FOR INJECTION 50 ML	280.00	8,400.00	
35	10	units	THERMAL GUN	990.00	9,900.00	
36	2	pc	TYPING SERA (ANTI A)	1,990.00	3,980.00	
37	2	pc	TYPING SERA (ANTI B)	1,990.00	3,980.00	
38	2	pc	TYPING SERA (ANTI D)	1,990.00	3,980.00	
39	650	pcs	SPUTUM CUPS (Sterile)	15.00	9,750.00	
40	50	bottles	CETERUZINE 5MG, 60ML SYRUP BOTTLE	90.00	4,500.00	
41	5	boxes	CLONIDINE 150 MCG TABLET (100 TABLETS/BOX)	1,450.00	7,250.00	
42	1	boxes	DIPHENHYDRAMINE HCL 50MG/ML 1 AMPULE 10	1,200.00	1,200.00	
43	2	boxes	EPINEPHRINE HCL 1ML/AMPULE,(10 AMPULES/BOX)	1,600.00	3,200.00	
44	2	boxes	LORATADINE + BETAMETHASONE 5MG/250 MCG TABLET	2,000.00	4,000.00	
45	100	bottles	PARACETAMOL 100MG/ML DROPS	70.00	7,000.00	
46	15	boxes	PARACETAMOL 500MG/TABLET	500.00	7,500.00	
			<b>TOTAL</b>		<b>630,000.00</b>	

FOR THE USE OF CITY HEALTH OFFICE FOR MEDICAL, DENTAL & LABORATORY SECTION

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 OFFICE OF THE BIDS AND AWARDS COMMITTEE  
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 Vice Chairman/Temp.Presiding Officer

ITEM NO	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	UNIT COST	UNIT PRICE	TOTAL PRICE
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Brand Model: \_\_\_\_\_  
 Delivery Period: \_\_\_\_\_  
 Warranty: \_\_\_\_\_  
 Price Validity: \_\_\_\_\_

After having carefully read and accepted your General Conditions. I/we quote on the item/s at price/s noted above.

Canvassed by:

\_\_\_\_\_  
 (Name and Signature of Authorized Canvasser)  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 (Name & Signature of Dealer/Representative)  
 Address: \_\_\_\_\_  
 Tel No.: \_\_\_\_\_  
 Date: \_\_\_\_\_