Republic of the Philippines
MUNICIPALITY OF PASUQUIN
Ilocos Norte

REQUEST FOR QUOTATION

Date: 07.08.2026
Qoutation NO. 2026.071
PR No: 2026.06.205

Please qoute your lowest price on the item/s listed beow, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your qoutation duly signed by your representative not later than July 14, 2026_@ 8:30AM in the return envelope attached herewith.

ENGR. LLOYD B. MANAYAN
BAC Vice Chairman

NOTE:
1. **All entries must be type written**
2. **Delivery period within thirty (30) _calendar days**
3. **Warranty shall be for a period of six(6) months for supplies & materials, one(1) year for equipment, from date of acceptance by the procuring entity**
4. **Price validity shall be for a period of one (1) month upon submission of the quotation**
5. **The following documents shall be attached upon submission of the quotation:**
   a. **Mayor's / Business Permit**
   b. **Certificate of Registration**
   c. **PhilGEPS registration certificate/number**
6. **Approved Budget of the Contract P80,000.00**

ITEM NO.	ITEM & DESCRIPTION	Brand/Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
1	Aspirin 80mg tab, 100/box		1	box		
2	catopril 25mg tab, 100/box		1	box		
3	celecoxib 200mg cap, 100/box		1	box		
4	50% dextrose 25grams (0.5g/ml) 50ml solution		10	piece		
5	Dexamethasone 4mg/ml, 2ml solution for injection ampule 10/box		1	box		
6	Diazepam 5mg/ml, 2ml solution foe injection, 10/box		1	box		
7	Diaphenhydramine 50mg/ml ampule, 10/box		3	box		
8	Epinephrine 50mg/ml, 1ml ampule 10/box		3	box		
9	Hudralazine 20mg/ml ampule 10/box		2	box		
10	Furosemide 10mg/ml 2ml solution ampule 10/box		1	box		
11	Huyosine N Butyl Bromide 20mg/ml ampule 10/box		3	box		
12	Hydrocortisone 250mgpowder for injection 10/box		2	box		
13	Ketorolac 30mg/ml ampule 1ml solution for injection		18	ampule		
14	Metoclopramide 5mg/ml, 2ml solution for injection 10/box		11	box		
15	Methyldopa 250mg tab, 100/box		1	box		
16	Omeprazole 40mg vial		20	vial		
17	Oxytocin 10 IU, 1ml solution for injection 10/box		2	box		
18	Paracetamol 150mg/ml ampule 10/box		15	box		
19	Ranitidine 25mg/ml, 2ml solution for injection 10/box		15	box		

20	Phytomenadione 10mg/ml 1ml (vitamin K) ampule 10/box		2	box		
21	Anti-tetanus toxin 1500 IU 10/box		8	box		
22	Salbutamol + Ipatropium nebule 25/box		4	box		
23	Tetanus Toxoid 0.5ml vial		101	vial		
24	Trimetazidine 35mg tab 100/box		1	box		

Brand and Mode : _____

Delivery Period : _____

Warranty : _____

Price Validity : _____

purchase of medicine supply for philhealth accreditation

2026.07.163

After having carefully read and accepted your General Conditions, I/We qoute you on the item at prices noted above.

_____

Printed Name/Signature

_____

Tel. No./Cellphone No./Email Add.