



Cebu Normal University

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Supply Office
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|  |                   |  | REQUEST FOR QUOTATION   | N   |  |  |
|--|-------------------|--|---|---|--|--|
| CANVASS No .:<br>Advertisement No<br>Purchase Request              |                   | 23-03-28   |   | •   |  |  |
|  |                   |  | Company Address/Tel./Fax#.:   |   |  |  |
|  |                   |  |   |   |  |  |
| No.  |                   | 23-03-28   |   |   |  |  |
|  |                   |  | BIR Tin No.   | ·   |  |  |
|  |                   |  | DBP Bank Account(No Bank Charge   |   | Assount  |  |
|  |                   |  | If none DBP Bank Account, Charges M   | ay Apply to Supplier  | Account  |  |
| Gentlem  |                   |  |   |   | h a /  |  |
| PI   | ease o            | luote you  | ur lowest price on the item/s listed below  | this page stating   | tile   |  |
|  |                   |  | and submit your quotation duly signed b   | y your representa   | twe  |  |
| not later than April 14, 2023.                                     |                   |  |   |   |  |  |
|  |                   |  |   | DIOSDADO B. C   | ENIZA  |  |
|  |                   |  |   | Supply Officer  |  |  |
|  |                   |  |   |   |  |  |
| Item   | Qty               | Unit   | ITEM & DESCRIPTION  | Unit Price  | Total  |  |
| No.  | 4-1               | 0  |   |   |  |  |
|  |                   | -  |   |   |  |  |
| 1  | 500               | sachet   | Sodium alginate, sodium bicarbonate, calcium carbonate 10 ml                        | -   |  |  |
| 2  | 10                | pc   | Budesonide + Formoterol turbuhaler160 mcg/4.5 mcg 60 doses                          | -   |  |  |
| 3  | 200               | pc   | Ebastine10 mg/ Betamethasone 500 mcg  | -   |  |  |
| 4  | 200               | pc   | Cetirizine 10 mg tab  | -   |  |  |
| 5  | 300               | pc   | Levocetirizine hydrochloride + montelukast sodium 5 mg/ 10 mg                       | -   |  |  |
| 6  | 200               | pc   | Loratadine 10 mg tab  Polyethylene Glycol + Sodium Hyaluronate Eye Drops 10 ml/ bot |   |  |  |
| 7  | 20                | bot  | Ferrous gluconate + Vitamins + Minerals tab   |   |  |  |
| 8  | 500               | pc   | Vitamin B1 + Vitamin B6 + Vitamin B12 tab   |   |  |  |
| 9  | 500<br>6000       | pc   | Multi Vitamins Tab  |   |  |  |
| 10   | 1500              | pc   | Paracetamol 500 mg. tab   |   |  |  |
| 12   | 130               | pc   | Acetylcysteine 600 mg effervescent tab  |   |  |  |
| 13   | 50                | pack   | Benzydamine HCL lozenges (1 pack X 8pcs)  |   |  |  |
| 14   | 10                | pc   | Benzydamine HCL Forte Throat Spray 15 ml  |   |  |  |
|  |                   |  |   |   |  |  |
|  |                   |  |   |   |  |  |
|  |                   |  |   |   |  |  |
|  |                   |  |   |   |  |  |
|  |                   |  |   |   |  |  |
|  |                   |  |   |   |  |  |
| NOTE:  |                   |  |   |   |  |  |
| <ol> <li>DELIVERY PERIOD IS WITHINCALENDAR DAYS.</li> </ol>        |                   |  |   |   |  |  |
| 2. WARANTY SHALL BE FOR A PERIOD OF SIX ( 6 ) MONTHS FOR SUPPLIES  |                   |  |   |   |  |  |
| AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE |                   |  |   |   |  |  |
|  |                   |  | ENTITY.   |   |  |  |
|  |                   |  | ALL BE FOR A PERIOD OF  | CALENDAR D  | AYS.   |  |
|  |                   |  |   |   |  |  |
|  |                   |  | BMIT ORIGINAL BROCHURES SHOWING   | CERTIFICATIONS  | 01   |  |
|  | RODU              |  |   |   |  |  |
|  |                   |  | SE ENCLOSED IN AN ENVELOPE AND SEALE  |   |  |  |
| <b>A</b>   | After h           | naving o   | arefully read and accepted your Gene  | eral Conditions,  | I / We   |  |
| quote you on the items at prices written above.                    |                   |  |   |   |  |  |
|  | AMERICAN AMERICAN | 2000 CONTRACTOR (CONTRACTOR (C |   |   |  |  |
|  |                   |  |   | Drintad Nama  | / Signature  |  |
|  |                   |  |   | 27 ES - 28 ES - 20 ES | Printed Name / Signature<br>of Supplier / Contractor |  |
|  |                   |  | _   | or auphrier /   | Joint actor  |  |
| Canvass  | ser Sig           | nature   |   | Date  |  |  |



Certification Date: 1 February 2021 Recertification due date: 24 January 2024 For verification of the certificate please access www.gci.int.com (Certification check and type the registration number):

SDF-USO-206-003-01

