



REQUEST FOR QUOTATION (RFQ) No. 266-2025

Procurement Unit

The Tarlac State University (TSU), through its Bids and Awards Committee (BAC) and Procurement Unit, will undertake an **Alternative Method of Procurement through Negotiated Procurement** for the items stated below, in accordance with **Section 53.9 Small Value Procurement** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184.

The TSU hereinafter referred to as "the Buyer", now requests submission of a price quotation for the subject below:

Purchase Request No.	DESCRIPTION/PARTICULARS	APPROVED BUDGET FOR THE CONTRACT (ABC) inclusive of VAT
2025-05-188 (OUHS)	PROCUREMENT OF VARIOUS MEDICINES	705,935.00
Purpose: for Clinic use. Medicines APP 2nd Quarter 2025.		

Philgeps Posting: Active Date: 5/15/25
Closing Date: 5/22/25

Category: DRUGS & MEDICINES
Reference No.: 12032718

Interested suppliers are required to submit the following documents:

- ☒ Valid and Current Mayor's / Business Permit
☒ Proof of PhilGeps Registration
☐ With Physical Store
☒ FDA, if applicable
- ☒ Latest Income / Business Tax Return
☒ Omnibus Sworn Statement
☐ Brochure, if applicable
☐ Sample, if applicable

TSU Condition of Sale:

1. Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
2. Bid Validity: 60 calendar days from submission of bids
3. Delivery Site: Supply and Property Management Unit, Tarlac State University
(045) 606-8159 / (045) 982-2605
4. Warranty shall be for a period minimum of three (3) months of expendable supplies, or a supplies/equipment after acceptance by the procuring entity of the delivered

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein.

Any alteration, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative.

Submission of duly signed Price Quotation Form (Attachment 1-2) and eligibility documents is not later than 5/22/25 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at tsucanvassing@gmail.com (045) 606-8110.

The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the underperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) percent of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The TSU reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract in accordance with Section 41 of R.A 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.

MENCHIE DG. ABELLAR
Head, Procurement Unit

PRICE QUOTATION

Date: 05/13/2025
RFQ No. 266-2025
PR No. 2025-05-188 (OUHS)

The Bids and Awards Committee
c/o Procurement Unit
TSU, Tarlac City
(045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
1	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	700		
2	tablet	ANTACID, Domperidone, exp date not less than 1 1/2 yrs	200		
3	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	500		
4	tablet	ANTACID, Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	300		
5	tablet	ANTI-ASTHMA, Doxofyline, 400mg., Exp date not less than 1 1/2 yrs	500		
6	nebule	ANTI-ASTHMA, Ipratropium+ Salbutamol, Nebules, Exp date not less than 1 yr	60		
7	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800		
8	capsule	ANTIBIOTIC, Amoxicillin 500mg, Exp date not less than 2 yrs	500		
9	capsule	ANTIBIOTIC, Cefalexin 250mg, Exp date not less than 2 yrs	100		
10	capsule	ANTIBIOTIC, Cefalexin, 500 mgs., Exp date not less than 1 1/2 yrs	800		
11	capsule	ANTIBIOTIC, Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	800		
12	capsule	ANTIBIOTIC, Clindamycin, 300 mgs., Exp date not less than 1 yr	500		
13	tablet	ANTIBIOTIC, Co-Amoxiclav, 625 mg., Exp date not less than 1	1000		
14	capsule	ANTI-DIARRHEA, Loperamide, Exp date not less than 1 1/2 yrs	300		
15	capsule	ANTI-DIARRHEA, Racecadotril, 100 mg, Exp date not less than 7 months	400		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes
Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
Printed Name : _____
Date : _____
Company Name Registered : _____
E-mail Address : _____
Contact no. : _____

BANK DETAILS:

Bank Name : _____
Bank Address : _____
Bank Account Name : _____
Bank Account Number : _____

PRICE QUOTATION

Date: 05/13/2025
RFQ No. 266-2025
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The Bids and Awards Committee
c/o Procurement Unit
TSU, Tarlac City
(045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
16	capsule	ANTIFIBRINOLYTIC, Tranexamic Acid 500mg, Exp date not less than 2 yrs	400		
17	tablet	ANTIHISTAMINE, Cetirizine, 10mg, Exp date not less than 2 yrs	800		
18	tablet	ANTIHISTAMINE, Diphenhydramine 25mg, Exp date not less than 2 yrs	500		
19	ampule	ANTIHISTAMINE, Diphenhydramine, Exp date not less than 1 1/2 yrs	40		
20	tablet	ANTIHISTAMINE, Loratadine, 10mg, Exp date not less than 1 1/2 yrs	900		
21	capsule	ANTI-INFLAMMATORY, Celecoxib, 200 mgs, Exp date not less than 1 1/2 yrs	1000		
22	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	10		
23	tablet	ANTI-INFLAMMATORY, Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	500		
24	tablet	ANTIPYRETIC, Paracetamol, 325 mgs, Exp date not less than 2 yrs	100		
25	caplet	ANTIPYRETIC, Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2000		
26	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	10		
27	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 1 1/2 yrs	10		
28	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	800		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes
Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
Printed Name : _____
Date : _____
Company Name Registered : _____
E-mail Address : _____
Contact no. : _____

BANK DETAILS:

Bank Name : _____
Bank Address : _____
Bank Account Name : _____
Bank Account Number : _____

PRICE QUOTATION

Date: 05/13/2025
RFQ No. 266-2025
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The Bids and Awards Committee
c/o Procurement Unit
TSU, Tarlac City
(045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
29	ampule	ANTISPASMODIC, Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	5		
30	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800		
31	tablet	ANTI-VERTIGO, Meclizine, Exp date not less than 2 yrs	300		
32	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50		
33	ampule	ANTI-VOMITING, Metoclopramide, Exp date not less than 1 1/2 yrs	5		
34	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000		
35	tablet	DECONGESTANT, Phenylephrine, Chlophenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs.	1000		
36	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate,Exp date not less than 1 yr	800		
37	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins, Exp date not less than 1 1/2 yrs	1000		
38	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, Exp date not less than 1 yrs	300		
39	bottle	EYE DROP, Maxitrol, Exp date not less than 1 1/2 yrs	5		
40	bottle	EYE DROP, Visine (red), Exp date not less than 1 1/2 yrs	5		
41	bottle	EYE DROP, Visine (refresh), Exp date not less than 1 1/2 yrs	10		

Warranty : _____

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

Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
Printed Name : _____
Date : _____
Company Name Registered : _____
E-mail Address : _____
Contact no. : _____

BANK DETAILS:

Bank Name : _____
Bank Address : _____
Bank Account Name : _____
Bank Account Number : _____

PRICE QUOTATION

Date: 05/13/2025
RFQ No. 266-2025
PR No. 2025-05-188 (OUHS)

The Bids and Awards Committee
c/o Procurement Unit
TSU, Tarlac City
(045) 982 -4630 / (045) 606 -8157

Sir / Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our price quotation for the item/s identified below:

ITEM NO.	UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
42	tablet	MUCOLYTIC, Ambroxol + Levocetirizine 75mg/5mg, Exp date not less than 2 yrs	500		
43	tube	OINTMENT, Clotrimazole, 10g, Exp date not less than 1 1/2 yrs	5		
44	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10		
45	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	5		
46	tube	OINTMENT, Mupirocin, Exp date not less than 1 yr	5		
47	bottle	OINTMENT, Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	15		
48	bottle	PAIN RELIEVER, Diclofenac Sodium Spray	20		
49	tubre	PAIN RELIEVER, Ketoprofen Gel, Exp date not less than 2 yrs	20		
50	ampule	PAIN RELIEVER, Ketorolac, Exp date not less than 1 1/2 yrs	10		
51	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, Exp date not less than 2 yrs	100		
52	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	1300		
53	ampule	PAIN RELIEVER, Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	10		
54	bottle	SPRAY, Cool Spray 250ml, Exp date not less than 1 1/2 yrs	10		
55	vial	VACCINE, Tetanus Toxoid Vaccine, Exp date not less than 2 yrs	15		
56	capsule	VITAMINS, d-Alpha Tocopherol 400 lu, Exp date not less than 2 yrs	500		
57	capsule	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1000		

Warranty : _____

The above-quoted price is inclusive of all costs and applicable taxes
Very truly yours,

AUTHORIZED REPRESENTATIVE:

Signature : _____
Printed Name : _____
Date : _____
Company Name Registered : _____
E-mail Address : _____
Contact no. : _____

BANK DETAILS:

Bank Name : _____
Bank Address : _____
Bank Account Name : _____
Bank Account Number : _____



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 12032718
Procuring Entity TARLAC STATE UNIVERSITY
Title Procurement of Various Medicines
Area of Delivery Tarlac

Solicitation Number:	266-2025	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	3
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Drugs and Medicines	Date Published	15/05/2025
Approved Budget for the Contract:	PHP 705,935.00	Last Updated / Time	14/05/2025 13:51 PM
Delivery Period:	30 Day/s	Closing Date / Time	22/05/2025 13:00 PM
Client Agency:			
Contact Person:	Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philip Tarlac Philippines 2300 63-045-6068110 Ext.157 tsucanvassing@gmail.com		

Description					
for Clinic use. Medicines APP 2nd Quarter 2025.					
Line Items					
Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	ANTACID	Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 1 1/2 yrs	700	Tablet	10,500.00
2	ANTACID	Domperidone, exp date not less than 1 1/2 yrs	200	Tablet	4,000.00
3	ANTACID	Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 1 1/2 yrs	500	Tablet	12,500.00
4	ANTACID	Ranitidine Hcl, 150mg, Exp date not less than 1 1/2 yrs	300	Tablet	3,300.00
5	ANTI-ASTHMA	Doxofyline, 400mg., Exp date not less than 1 1/2 yrs	500	Tablet	17,500.00
6	ANTI-ASTHMA	Ipratropium+ Salbutamol, Nebules, Exp date not less than 1 yr	60	Nebule	2,700.00
7	ANTI-ASTHMA	Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800	Tablet	28,000.00
8	ANTIBIOTIC	Amoxicillin 500mg, Exp date not less than 2 yrs	500	Capsule	7,000.00
9	ANTIBIOTIC	Cefalexin 250mg, Exp date not less than 2 yrs	100	Capsule	2,500.00

10	ANTIBIOTIC	Cefalexin, 500 mgs., Exp date not less than 1 1/2 yrs	800	Capsule	11,200.00
11	ANTIBIOTIC	Ciprofloxacin, 500 mg., Exp date not less than 1 1/2 yrs	800	Capsule	56,000.00
12	ANTIBIOTIC	Clindamycin, 300 mgs., Exp date not less than 1 yr	500	Capsule	19,000.00
13	ANTIBIOTIC	Co-Amoxiclav, 625 mg., Exp date not less than 1	1,000	Tablet	82,000.00
14	ANTI-DIARRHEA	Loperamide, Exp date not less than 1 1/2 yrs	300	Capsule	4,950.00
15	ANTI-DIARRHEA	Racecadotril, 100 mg, Exp date not less than 7 months	400	Capsule	26,000.00
16	ANTIFIBRINOLYTIC	Tranexamic Acid 500mg, Exp date not less than 2 yrs	400	Capsule	26,000.00
17	ANTI-HISTAMINE	Cetirizine, 10mg, Exp date not less than 2 yrs	800	Tablet	12,000.00
18	ANTI-HISTAMINE	Diphenhydramine 25mg, Exp date not less than 2 yrs	500	Tablet	15,000.00
19	ANTI-HISTAMINE	Diphenhydramine, Exp date not less than 1 1/2 yrs	40	Ampule	6,800.00
20	ANTI-HISTAMINE	Loratadine, 10mg, Exp date not less than 1 1/2 yrs	900	Tablet	9,900.00
21	ANTI-INFLAMMATORY	Celecoxib, 200 mgs, Exp date not less than 1 1/2 yrs	1,000	Capsule	25,000.00
22	ANTI-INFLAMMATORY	Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 1 1/2 yrs	10	Vial	5,000.00
23	ANTI-INFLAMMATORY	Prednisone, 20 mg, Exp date not less than 1 1/2 yrs	500	Tablet	7,000.00
24	ANTI-PYRETIC	Paracetamol, 325 mgs, Exp date not less than 2 yrs	100	Tablet	1,000.00
25	ANTI-PYRETIC	Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs(CAPLET)	2,000	Capsule	20,000.00
26	ANTISEPTIC SOLUTION	Povidone-Iodine, 120 ml solution, Exp date not less than 1 1/2 yrs	10	Bottle	2,800.00
27	ANTISEPTIC SOLUTION	Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 1 1/2 yrs	10	Bottle	4,000.00
28	ANTI-SPASMODIC	Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Exp date not less than 1 1/2 yrs	800	Tablet	35,200.00
29	ANTI-SPASMODIC	Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	5	Ampule	750.00
30	ANTI-SPASMODIC	Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800	Tablet	30,800.00
31	ANTI-VERTIGO	Meclizine, Exp date not less than 2 yrs	300	Tablet	4,500.00
32	ANTI-VOMITING	Metoclopramide, 10mg, Exp date not less than 1 1/2 yrs	50	Tablet	1,100.00
33	ANTI-VOMITING	Metoclopramide, Exp date not less than 1 1/2 yrs	5	Ampule	825.00
34	DECONGESTANT	Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1,000	Tablet	12,000.00
35	DECONGESTANT	Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neosep), Exp date not less than 2 yrs.	1,000	Tablet	12,000.00
36	DECONGESTANT	Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1 yr	800	Tablet	17,600.00
37	DIETARY SUPPLEMENTARY	Multi Vitamins, Exp date not less than 1 1/2 yrs	1,000	Capsule	30,000.00
38	DIETARY SUPPLEMENTARY	Vitamin B Complex, Exp date not less than 1 yrs	300	Tablet	3,600.00

39	EYE DROP	Maxitrol, Exp date not less than 1 1/2 yrs	5	Bottle	3,000.00
40	EYE DROP	Visine (red), Exp date not less than 1 1/2 yrs	5	Bottle	1,100.00
41	EYE DROP	Visine (refresh), Exp date not less than 1 1/2 yrs	10	Bottle	2,200.00
42	MUCOLYTIC	Ambroxol + Levocetirizine 75mg/5mg, Exp date not less than 2 yrs	500	Tablet	20,000.00
43	OINTMENT	Clotrimazole, 10g, Exp date not less than 1 1/2 yrs	5	Tube	3,300.00
44	OINTMENT	Mometasone Furoate, 10g, Exp date not less than 1 1/2 yrs	10	Tube	6,600.00
45	OINTMENT	Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	5	Tube	4,000.00
46	OINTMENT	Mupirocin, Exp date not less than 1 yr	5	Tube	4,000.00
47	OINTMENT	Pain Killer, 120ml, PRO, Exp date not less than 1 1/2 yrs	15	Bottle	2,400.00
48	PAIN RELIEVER	Diclofenac Sodium Spray	20	Bottle	15,000.00
49	PAIN RELIEVER	Ketoprofen Gel, Exp date not less than 2 yrs	20	Tube	14,000.00
50	PAIN RELIEVER	Ketorolac, Exp date not less than 1 1/2 yrs	10	Ampule	910.00
51	PAIN RELIEVER	Mefenamic Acid, 250mg, Exp date not less than 2 yrs	100	Capsule	1,000.00
52	PAIN RELIEVER	Mefenamic Acid, 500mg, Exp date not less than 1 1/2 yrs	1,300	Tablet	13,000.00
53	PAIN RELIEVER	Tramadol, solution, for injection, Exp date not less than 1 1/2 yrs	10	Ampule	1,600.00
54	SPRAY	Cool Spray 250ml, Exp date not less than 1 1/2 yrs	10	Bottle	6,500.00
55	VACCINE	Tetanus Toxoid Vaccine, Exp date not less than 2 yrs	15	Vial	3,300.00
56	VITAMINS	d-Alpha Tocopherol 400 Iu, Exp date not less than 2 yrs	500	Capsule	19,000.00
57	VITAMINS	Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 1 1/2 yrs	1,000	Capsule	15,000.00

Other Information

The bidders must download the attached documents in the associated component section.
Note: Award shall be on a "per line item" basis.
For the complete specifications, please refer to the attached Request for Quotation.

Created by Tutchie Panlilio
Date Created 14/05/2025

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.