QUOTATION

PR No:	STF-2025-01-00054	(Page 1 of 7)
PR NO:	31F-2U23-U1-UUU34 ((Page I of /)

Name of Supplier:

Address of Supplier:

Contact No. & E-mail Address:

Canvass No: C-2025-221

Mode of Procurement: NP - Small Value Procurement

Delivery Period: within 15 calendar days from receipt of P.O

Deadline for Submission of RFQ: 7 Calendar days

	T	1			-		1 1		/ Calendar days
Item No	Articles (Complete description and specification)	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FOB	Authorized By:
1	adhesive tape, 2.5cm x 9.1m; 1 in x 10yd		450.00	10	Box of 20's			NSN)	JESSAMINE C. ECLEO Head, Procurement
2	Arm cuff cloth (pedia) for bp		200.00	2	piece			3	Canvassed By:
3	Arm sling adult		50.00	25	piece			ain,	
4	Arm sling pedia		50.00	10	piece			Vis	LESTER G. LAYOLA Canvasser
5	Cadaver bag - adult		790.00	1	piece			ca, I	Signature of Authorized Canvasser
6	Cadaver bag - pedia		790.00	1	unit			Bayl	I hereby certify that I am in a position to furnish the articles at the prices
7	Cotton 400g		80.00	20	roll			bay	shown and in quantities called for
8	Disposable Male Urinal Container		50.00	2	piece			City	
9	Disposable needle G23		300.00	3	Box of 100's			, Leyt	
10	Disposable syringe 10cc, G21		500.00	5	Box of 100's			te)	(Printed Name & Signature of Supplier)
*Please	see attached specification	•	•	•	•		•		•

End-User:	USHER	☐ Bayba	у 🗌	Ormoc [Manila
Purpose:	For Medical Supply use at UHS	☐ Taclob	an 🗌	Samar [Cebu
	For Medical Supply use at Ons	☐ Leyte		So. Leyte [Davao

Instructions:

- 1. Please quote your best offer for the items listed above in your least government price inclusive of taxes, delivery, and other applicable charges.
- 2. Accomplish this RFQ correctly and accurately. Please put initials for erasures.
- 3. Submit along with this RFQ the attached needed documentary requirements. Bidders who already submitted an updated file of the needed documentary requirements in VSU need not to re-submit.
- 4. Quotations that are above the set ABC or with no indicated brand and model shall be rejected.
- 5. Submit this RFQ within the set deadline for submission indicated above. Late bids will not be accepted.

- Business Permit
- 2. PhilGEPS Registration No.
- 3. Income / Business Tax Return
- 4. Omnibus Sworn Statement

^{**}If item does not have a brand/model specify "brandless" or "ordinary" or the place of origin of the item or a picture of the item, whichever is convenient to you.

F O R QUOTATION

PR No:	STF-2025-01-00054	(Page 2 of 7)	
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Name of Supplier:

Address of Supplier:

Contact No. & E-mail Address:

Canvass No: C-2025-221

Mode of Procurement: NP - Small Value Procurement

Delivery Period: within 15 calendar days from receipt of P.O

Deadline for Submission of RFQ: 7 Calendar days

	ictio. & E-mail Address.	Dedutific for S				Submission of the Q. 7 Calendar days			
Item No	Articles (Complete description and specification)	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FOB	Authorized By:
11	Disposable syringe 3cc, G23		600.00	50	Box of 100's			USA)	JESSAMINE C. ECLEO Head, Procurement
12	Disposable syringe 5cc, G23		500.00	5	Box of 100's			Mai	Canvassed By:
13	Elastic bandage 2"X5 yards		75.00	20	piece			n, \	
14	Elastic bandage 3"X5 yards		75.00	25	piece			/isc	LESTER G. LAYOLA Canvasser
15	Elastic bandage 4"X5 yards		75.00	25	pieces			a, B	Signature of Authorized Canvasser
16	Ethyl Alcohol 70%		450.00	20	gallon			ay	I hereby certify that I am in a position to furnish the articles at the prices
17	Examination gloves, non sterile, latex, powder free (extra large)		100.00	5	pcs			bay	shown and in quantities called for
18	examination gloves, non sterile, latex, powder free large		800.00	10	Box of 100's			City	
19	examination gloves, non sterile, latex, powder free medium		800.00	20	Box of 100's			, Ley	
20	examination gloves, non sterile, latex, powder free small		800.00	10	Box of 100's			te)	(Printed Name & Signature of Supplier)

^{*}Please see attached specification

End-User:	USHER	Baybay	Ormoc	Manila
Purpose:	For Medical Supply use at UHS	Tacloban	Samar	Cebu
	Tot Medical Supply use at OTS	Leyte	So. Leyte	Davao

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REQUEST FOR QUOTATION

PR No:	STF-2025-01-00054	(Page 3 of 7)	
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Name of Supplier:

Address of Supplier:

Contact No. & E-mail Address:

Canvass No: **C-2025-221**

Mode of Procurement: NP - Small Value Procurement

Delivery Period: within 15 calendar days from receipt of P.O

Deadline for Submission of RFQ: 7 Calendar days

CUIILA	ct No. & E-mail Address:					· · · · · · · · · · · · · · · · · · ·		i i i Q.	7 Calendar days ·
Item No	Articles (Complete description and specification)	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FOB	Authorized By:
21	Gooseneck Lamp*		2,000.00	1	unit			(VS	JESSAMINE C. ECLEO Head, Procurement
22	Height and Weight scale*		3,900.00	1	unit			⊆	Canvassed By:
23	Hospital gauze 40's/40's (36x100 yards- 2 ply)		1,000.00	3	piece			<u>a</u> in	
24	Hot water bag (rectangular shape rubber material) 250ml		60.00	3	pieces			<u><</u>	LESTER G. LAYOLA Canvasser
25	Ice pack		50.00	5	piece			sca,	Signature of Authorized Canvasser
26	linfrared Thermometer(Backlit display, One- botton measurement, Vibration Alert, Fever tips, Silent		3,000.00	2	set			Вау	I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
27	IV Cannula G20		2,810.00	2	Box of 100's			bay (
28	IV Cannula G22		3,100.00	2	Box of 100's			City,	
29	IV cannula G24		3,100.00	2	Box of 100's			Leyte	
30	IV cannula G26		300.00	1	box of 50's			9	(Printed Name & Signature of Supplier)

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End-User:	USHER	☐ Baybay	Ormoc	Manila
Purpose:	For Medical Supply use at UHS	☐ Tacloban	Samar	Cebu
		☐ Leyte	So. Leyte	Davao

Instructions:

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- 4. Omnibus Sworn Statement

OUOTATION

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PR No:	STF-2025-01-00054 (Page 4 of 7)			Canvass No: C-2025-221

Name of Supplier:

Address of Supplier:

Contact No. & F-mail Address:

Mode of Procurement: NP - Small Value Procurement

Delivery Period: within 15 calendar days from receipt of P.O

Deadline for Submission of RFO: 7 Calendar days

Item No	Articles (Complete description and specification)	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FOB	Authorized By:
31	IV Infusion set (macro)		2,200.00	1	Box of 100's			USV)	JESSAMINE C. ECLEO Head, Procurement
32	IV Infusion set (micro)		3,000.00	1	Box of 100's			Main	Canvassed By:
33	Nasal oxygen cannula, (adult)		50.00	25	piece			י, ≥	
34	Nasal oxygen cannula, (pedia)		50.00	25	piece			isca	LESTER G. LAYOLA Canvasser
35	Oxygen cannula mask (adult)		60.00	10	piece			, B	Signature of Authorized Canvasse
36	Oxygen cannula mask (pedia)		60.00	10	piece			ayb	I hereby certify that I am in a positi to furnish the articles at the price
37	Oxygen regulator		2,500.00	2	piece			ay	shown and in quantities called fo
38	Pediatric Urine Collector		500.00	2	Box of 100's			city,	
39	Pulse oximeter (SPO2 blood oxygen saturation normal range 94%-100%, PI normal range 0.4-20, PR pulse		1,300.00	3	set			Leyte	
40	Refill of oxygen tank 50lbs		1,000.00	20	tank			<u>e</u>	(Printed Name & Signature of Supplie

^{**}If item does not have a brand/model specify "brandless" or "ordinary" or the place of origin of the item or a picture of the item, whichever is convenient to you.

End-User:	USHER	☐ Baybay	Ormoc	Manila
Purpose:	For Medical Supply use at UHS	☐ Tacloban	Samar	Cebu
		☐ Leyte	So. Leyte	Davao

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REQUEST F O R QUOTATION

PR No:	STF-2025-01-00054 (Pa	ae 5 of 7)

Canvass No: C-2025-221

Date: 03-05-2025

Mode of Procurement: NP - Small Value Procurement

Delivery Period: within 15 calendar days from receipt of P.O

Conta	ct No. & E-mail Address:				D	eadline for S	Submission o	f RFQ:	7 Calendar days
Item No	Articles (Complete description and specification)	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FOB	Authorized By:
41	Refill of Oxygen Tank 5lbs		1,500.00	5	tank			(VSU	JESSAMINE C. ECLEO Head, Procurement
42	silk suture 3/0 with cutting needle		600.00	2	Box of 12's) Mai	Canvassed By:
43	silk suture 5/0 with cutting		600.00	1	Box of 12's			n,	
44	silk suture 6/0 with cutting needle		700.00	1	Box of 12's			Visc	LESTER G. LAYOLA Canvasser
45	Soluset		170.00	50	piece			ca, B	Signature of Authorized Canvasser
46	Sphygmomanometer dial type		1,500.00	2	piece			Baybay	I hereby certify that I am in a position to furnish the articles at the prices shown and in quantities called for
47	Sphygmomanometer with wheels*		11,000.00	1	unit			7	Shown and in quantities called for
48	Stainless Mayo stand with tray (with 4 wheels)		5,200.00	1	unit			City,	
49	Sterile water for injection 50cc		98.00	25	btl			Ley	
50	Tissue paper		98.00	5	12 rolls/pack			.eyte)	(Printed Name & Signature of Supplier)
	see attached specification n does not have a brand/model specify "brandless" or "ordinary" or the place of origin of the item or a	picture of the item, whicheve	er is convenient	to you.					•
End-l			Bay	-	Ormo		Manila		
Purpo	SSE: For Medical Supply use at UHS		☐ Tacl	oban :e	Sama] Cebu] Davao		

Instructions:

Name of Supplier:

Address of Supplier:

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4. Omnibus Sworn Statement

REQUEST FOR QUOTATION

PR No	STF-2025-01-00054 (Page 6 of 7)				(Canvass No:	C-2025-221		Date: 03-05-2025
Name	e of Supplier:				r	Mode of Pro	curement:	NP - S	mall Value Procurement
Addre	ess of Supplier:				[Delivery Perio	od: within 15	calend	dar days from receipt of P.O
Conta	act No. & E-mail Address:				Γ	Deadline for S	Submission o	f RFQ:	7 Calendar days
Item	Articles	Brand and Model**	ABC	Qty.	Unit	Unit Price	Total Price	FO	Authorized By:
No	(Complete description and specification)	Brana ana maaci	ABC	Qty.	Offic	Officialice	TotalTrice	OB (\	
51	Transfer bed stretcher*		42,000.00	1	unit			(VSU	JESSAMINE C. ECLEO Head, Procurement
52	Tuberculine syringe		800.00	2	Box of 100's			Main,	Canvassed By:
53	wheel chair		2,500.00	1	unit			Vis	
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							ca,	LESTER G. LAYOLA Canvasser
								Baybay	Signature of Authorized Canvasser I hereby certify that I am in a position
									to furnish the articles at the prices shown and in quantities called for
								City,	
								Leyte	
)	(Printed Name & Signature of Supplier)
	see attached specification n does not have a brand/model specify "brandless" or "ordinary" or the place of origin of the item or a pio	cture of the item, whichev	er is convenien	t to you.					
End-l				bay	Orm	_			
Purpo	For Medical Supply use at UHS		☐ Tac	loban te	Sam So. I	_	☐ Cebu ☐ Davao		
Instru	ections:								Documentary Requirements:
	Please quote your <u>best offer</u> for the items listed above in your least government price inclusive of Accomplish this RFQ correctly and accurately. Please put initials for erasures.	taxes, delivery, and other	applicable cha	rges.					 Business Permit PhilGEPS Registration No.

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Republic of the Philippines

VISAYAS STATE UNIVERSITY PROCUREMENT OFFICE

SPECIFICATION

Item #	Item Name	Remarks (from End User)
21	Gooseneck Lamp	
Full	Specification	Sample Image No Image Attached
	e lamp can be adjusted 300 degrees in any direction, steel body and se is both attractive and durable	
22	Height and Weight scale	
Full	Specification	Sample Image
	•	No Image Attached
dia	ll type medical scale max wt of 136 kg	
47	Sphygmomanometer with wheels	
Full	Specification	Sample Image
	•	No Image Attached
14	versatile BP monitor that can be moved around. Square shape. 5mm×145mm dial. Plastic caster with metal reinforced base for ability.	
51	Transfer bed stretcher	
Full	Specification	Sample Image
	- Op 03333	No Image Attached
car	e stretcher adopts a manual lifting mechanism. The height of the bed n be adjusted freely, the highest is 90cm, and the lowest is 60cm. uipped with adjustable	