



REQUEST FOR QUOTATION (RFQ) No. 359-2023

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 |
|--|-------------------------|---|
| 2023-05-215 (MSO) | VARIOUS MEDICINES | 850,240.00 |
| <i>Purpose: for Medical Services Unit use (PPMP 3rs Quarter)</i> | | |

Philgeps Posting: Active Date: 6/9/23 Closing Date: 6/14/23 Category: MEDICAL SUPPLIES Reference No.: 9833179

Interested suppliers are required to submit the following documents:

- Valid and Current Mayor's / Business Permit
- Latest Income / Business Tax Return
- Proof of PhilGeps Registration
- Omnibus Sworn Statement
- Brochure, if applicable

TSU Condition of Sale:

- Delivery Schedule: 30 calendar days from receipt of approved PO/NTP
- Bid Validity: 120 calendar days from submission of bids
- Delivery Site: Supply and Property Management Unit, Tarlac State University
(045) 606-8159 / (045) 982-2605
- 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) and eligibility documents is not later than 6/14/23 at the Procurement Unit, Admin Building Tarlac State University, Tarlac City. Open submission may be done manually or through email at tsucanvassing@gmail.com

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.


ELENA MAY T. TEOFILO
 Head, Procurement Unit

PRICE QUOTATION

Date: 6/7/2023
 RFQ No. 359-2023
 PR No. 2023-05-215 (MSO)

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 | 500 | | |
| 2 | Tablet | ANTACID, Domperidone | 100 | | |
| 3 | Tablet | ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide | 500 | | |
| 4 | Cap | ANTACID, Omeprazole, 40 mgs. | 1000 | | |
| 5 | Tablet | ANTACID, Ranitidine Hcl , 150mg | 300 | | |
| 6 | Tablet | ANTI-ASTHMA, Doxofylline, 400mg. (Exp. Date not less than 1 1/2 yrs) | 200 | | |
| 7 | Nebules | ANTI-ASTHMA, Salbutamol, Nebules (Exp. Date not less than 1yr) | 180 | | |
| 8 | Capsule | ANTIBIOTIC, Cefalexin 250mg. (Exp. Date not less than 2 yrs) | 1000 | | |
| 9 | Cap | ANTIBIOTIC, Cefalexin 500mg. | 500 | | |
| 10 | Capsule | ANTIBIOTIC, Ciprofloxacin, 500mg. (Exp. Date not less than 1 1/2 yrs.) | 1500 | | |
| 11 | Cap | ANTIBIOTIC, Clindamycin, 300 mgs. (Exp. Date not less than 1 yr) | 1000 | | |
| 12 | Tablet | ANTIBIOTIC, Co-Amoxiclav, 625 mg. (Exp. Date not less than 1 1/2 yrs) | 2500 | | |
| 13 | Cap | ANTI-DIARRHEA, Loperamide (Exp. Date not less than 1 1/2 yrs) | 500 | | |
| | | | | | |

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 : _____

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Date: 6/7/2023
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| ITEM NO. | UNIT | ITEM & DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL PRICE |
|----------|---------|--|----------|------------|-------------|
| 14 | Capsule | ANTI-DIARRHEA, Rebecadotril 100.mg. (Exp. Date not less than 7 months) | 400 | | |
| 15 | Amp | ANTIHISTAMINE, Diphenhydramine (Exp. Date not less than 1 1/2 yrs) | 30 | | |
| 16 | Tablet | ANTIHISTAMINE, Loratadine, 10mg. (Exp. Date not less than 1 1/2 yrs) | 1500 | | |
| 17 | Tablet | ANTI-HYPERTENSION, Captopril, 25mg. (Exp. Date not less than 1 1/2 yr) | 50 | | |
| 18 | Tablet | ANTI-HYPERTENSIVE, Amlodipine, 5mgs. (Exp. Date not less than 3yrs) | 500 | | |
| 19 | Cap | ANTI-INFLAMMATORY, Celecoxib, 200 mgs. (Exp. Date not less than 1 1/2yrs) | 600 | | |
| 20 | Vial | ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vall) (Exp. Date not less than 1 1/2 yrs) | 30 | | |
| 21 | Tablet | ANTI-INFLAMMATORY, Prednisone, 20mg. (Exp. Date not less than 1 1/2 yrs) | 300 | | |
| 22 | Tablet | ANTIPYRETIC, Paracetamol, 325 mg. (Exp Date not less than 2 yrs.) | 200 | | |
| 23 | Tablet | ANTIPYRETIC, Paracetamol, 500 mg. (Exp. Date not less than 2 yrs.) | 500 | | |
| | | | | | |

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 : _____

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 (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 |
|----------|-----------|---|----------|------------|-------------|
| 24 | Bottle(s) | ANTISEPTIC SOLUTION, Povidone-iodine, 120 ml solution (Exp. Date not less than 1 1/2 yrs) | 10 | | |
| 25 | Bottle(s) | ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy | 5 | | |
| 26 | Box | ANTISEPTIC SOLUTION, Povidone-Iodine, swabstick, 50pcs / box | 20 | | |
| 27 | Tablet | ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500 mg. | 500 | | |
| 28 | Ampule | ANTISPASMODIC, Hyoscine N-Butylbromide, 20 mg | 20 | | |
| 29 | Tablet | ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg | 500 | | |
| 30 | Cap | ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol | 500 | | |
| 31 | tablet | ANTI-VERTIGO, Meclizine | 500 | | |
| 32 | amp | ANTI-VOMITING, Metoclopramide | 10 | | |
| 33 | tablet | ANTI-VOMITING, Metoclopramide, 10mg | 100 | | |
| 34 | tablet | DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu) | 500 | | |
| 35 | tablet | DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep) | 500 | | |
| 36 | Capsule | DIETARY SUPPLEMENTARY, Multi Vitamins | 1500 | | |

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 : _____
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 (045) 982 -4630 / (045) 606 -8157

Sir / Madam:

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| ITEM NO. | UNIT | ITEM & DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL PRICE |
|----------|-----------|---|----------|------------|-------------|
| 37 | Tablet | DIETARY SUPPLEMENTARY, Vitamin B Complex | 500 | | |
| 38 | Tube | EYE DROP, Maxitrol | 20 | | |
| 39 | Bottle(s) | EYE DROP, Tobramycin (Exp. Date not less than 1 1/2 yrs) | 10 | | |
| 40 | Tube | EYE DROP, Visine (refresh) (Exp. Date not less than 1 1/2 yrs) | 6 | | |
| 41 | Bottle(s) | OINTMENT, Calamine + Dyphenhydramine, 30ml (Exp. Date not less than 2 yrs) | 5 | | |
| 42 | Tube | OINTMENT, Mometasone Furoate, 10g (Exp. Date not less than 1 1/2 yrs) | 5 | | |
| 43 | Tube | OINTMENT, Mupirocin (Exp. Date not less than 1 yr) | 5 | | |
| 44 | Tube | OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g. (Exp. Date not less than 1 yr) | 10 | | |
| 45 | Bottle(s) | OINTMENT, Pain Killer, 120ml, PRO (Exp. Date not less than 1 1/2yr) | 25 | | |
| 46 | Tube | OINTMENT, Povidone-Iodine, 10% topical ointment, 5g. (Exp. Date not less than 2 yr) | 5 | | |
| 47 | Tube | OINTMENT, Sodium Fusidate (Exp. Date not less than 1 1/2yr) | 5 | | |

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 : _____
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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 |
|----------|-----------|--|----------|------------|-------------|
| 48 | Capsule | PAIN RELIVER, Mefenamic Acid, 250 mg. (Exp. Date not less than 2yrs) | 200 | | |
| 49 | Softgel | PAIN RELIVER, Ibuprofen, 200 mg. (Exp. Date not less than 1 yr) | 300 | | |
| 50 | Tube | PAIN RELIVER, Ketoprofen Gel (Exp. Date not less than 2 yr) | 10 | | |
| 51 | Amp | PAIN RELIVER, Ketorolac (Exp. Date not less than 1 1/2 yr) | 20 | | |
| 52 | Tablet | PAIN RELIVER, Mefenamic Acid, 500 mg. (Exp. Date not less than 1 1/2 yrs) | 500 | | |
| 53 | Amp | PAIN RELIVER, Tramadol, solution, for injection (Exp. Date not less than 1 1/2 yr) | 10 | | |
| 54 | bottle(s) | SPRAY, Cool Spray 250ml | 30 | | |
| 55 | vial | STERILE WATER, for injection, 50ml, solvent, Parenteral Prep | 5 | | |
| 56 | amp | VACCINE, Tetanus Toxoid, vaccine | 50 | | |
| 57 | cap | VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc | 500 | | |
| | | | | | |

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 9833178
Procuring Entity TARLAC STATE UNIVERSITY
Title Various Medicines
Area of Delivery Tarlac

| | |
|--|--|
| Solicitation Number: 359-2023 Trade Agreement: Implementing Rules and Regulations Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9) Classification: Goods Category: Medical Supplies and Laboratory Instrument Approved Budget for the Contract: PHP 850,840.00 Delivery Period: 30 Day/s Client Agency: | Status Pending |
| | Associated Components 3 |
| | Bid Supplements 0 |
| | Document Request List 0 |
| | Date Published 09/06/2023 |
| Contact Person: Tutchie Panlilio Clerk TSU, Romulo Blvd. San Vicente, Tarlac City, Philippines Tarlac City Tarlac Philippines 2300 63-2-092058494963 elenamayteofilo73@gmail.com | Last Updated / Time 08/06/2023 13:34 PM |
| | Closing Date / Time 14/06/2023 13:00 PM |

Description

for Medical Services Unit used

Line Items

| Item No. | Description | Quantity | UOM | Buyer Price |
|----------|--|----------|---------|-------------|
| 1 | ANTACID Aluminum Hydroxide, Magnesium Hydroxide, Simeticone | 500 | Tablet | 10,000.00 |
| 2 | ANTACID Domperidone | 100 | Tablet | 2,000.00 |
| 3 | ANTACID Famotadine, Calcium Carbonate, Magnesium Hydroxide | 500 | Tablet | 16,500.00 |
| 4 | ANTACID Omeprazole, 40 mgs. | 1,000 | Capsule | 40,000.00 |
| 5 | ANTACID Ranitidine Hcl , 150mg | 300 | Tablet | 3,300.00 |
| 6 | ANTI-ASTHMA Doxofylline, 400mg. (Exp. Date not less than 1 1/2 yrs) | 200 | Tablet | 6,000.00 |
| 7 | ANTI-ASTHMA Salbutamol, Nebules (Exp. Date not less than 1yr) | 180 | Nebule | 6,300.00 |
| 8 | ANTIBIOTIC Cefalexin 250mg. (Exp. Date not less than 2 yrs) | 1,000 | Capsule | 25,000.00 |
| 9 | ANTIBIOTIC Cefalexin 500mg. | 500 | Capsule | 7,000.00 |
| 10 | ANTIBIOTIC Ciprofloxacin, 500mg. (Exp. Date not less than 1 1/2 yrs.) | 1,500 | Capsule | 105,000.00 |
| 11 | ANTIBIOTIC Clindamycin, 300 mgs. (Exp. Date not less than 1 yr) | 1,000 | Capsule | 38,000.00 |
| 12 | ANTIBIOTIC Co-Amoxiclav, 625 mg. (Exp. Date not less than 1 1/2 yrs) | 2,500 | Tablet | 205,000.00 |

| | | | | | |
|----|------------------------|---|-------|---------|-----------|
| 13 | ANTI-DIARRHEA | Loperamide (Exp. Date not less than 1 1/2 yrs) | 500 | Capsule | 8,250.00 |
| 14 | ANTI-DIARRHEA | Rececadotril 100 mg. (Exp. Date not less than 7 months) | 400 | Capsule | 22,000.00 |
| 15 | ANTIHISTAMINE | Diphenhydramine (Exp. Date not less than 1 1/2 yrs) | 30 | Ampule | 5,100.00 |
| 16 | ANTIHISTAMINE | Loratadine, 10mg. (Exp. Date not less than 1 1/2 yrs) | 1,500 | Tablet | 16,500.00 |
| 17 | ANTI-HYPERTENSION | Captopril, 25mg. (Exp. Date not less than 1 1/2 yr) | 50 | Tablet | 850.00 |
| 18 | ANTI-HYPERTENSIVE | Amlodipine, 5mgs. (Exp. Date not less than 3yrs) | 500 | Tablet | 5,000.00 |
| 19 | ANTI-INFLAMMATORY | Celecoxib, 200 mgs. (Exp. Date not less than 1 1/2yrs) | 500 | Capsule | 12,500.00 |
| 20 | ANTI-INFLAMMATORY | Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vall) (Exp. Date not less than 1 1/2 yrs) | 30 | Vial | 26,400.00 |
| 21 | ANTI-INFLAMMATORY | Prednisone, 20mg. (Exp. Date not less than 1 1/2 yrs) | 300 | Tablet | 4,200.00 |
| 22 | ANTIPYRETIC | Paracetamol, 325 mg. (Exp. Date not less than 2 yrs.) | 200 | Tablet | 2,000.00 |
| 23 | ANTIPYRETIC | Paracetamol, 500 mg. (Exp. Date not less than 2 yrs.) | 500 | Tablet | 5,000.00 |
| 24 | ANTISEPTIC SOLUTION | Povidone-Iodine, 120 ml solution (Exp. Date not less than 1 1/2 yrs) | 10 | Bottle | 3,850.00 |
| 25 | ANTISEPTIC SOLUTION | Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy | 5 | Bottle | 2,750.00 |
| 26 | ANTISEPTIC SOLUTION | Povidone-Iodine, swabstick, 50pcs / box | 20 | Box | 13,200.00 |
| 27 | ANTISPASMODIC | Hyoscine N-Butylbromide + Paracetamol 10mg/500 mg. | 500 | Tablet | 22,000.00 |
| 28 | ANTISPASMODIC | Hyoscine N-Butylbromide, 20 mg | 20 | Ampule | 3,000.00 |
| 29 | ANTISPASMODIC | Hyoscine, N-Butylbromide,10mg | 500 | Tablet | 19,250.00 |
| 30 | ANTITUSSIVE | Dextromethorphan HBr, phenylephrine HCl, Paracetamol | 500 | Capsule | 11,000.00 |
| 31 | ANTI-VERTIGO | Meclizine | 500 | Tablet | 8,250.00 |
| 32 | ANTI-VOMITING | Metoclopramide | 10 | Ampule | 1,650.00 |
| 33 | ANTI-VOMITING | Metoclopramide, 10mg | 100 | Tablet | 2,200.00 |
| 34 | DECONGESTANT | Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu) | 500 | Tablet | 6,000.00 |
| 35 | DECONGESTANT | Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep) | 500 | Tablet | 6,000.00 |
| 36 | DIETARY SUPPLEMENTARY, | Multi Vitamins | 1,500 | Capsule | 57,750.00 |
| 37 | DIETARY SUPPLEMENTARY | Vitamin B Complex | 500 | Tablet | 6,000.00 |
| 38 | EYE DROP | Maxitrol | 20 | Tube | 12,000.00 |
| 39 | EYE DROP | Tobramycin (Exp. Date not less than 1 1/2 yrs) | 10 | Bottle | 4,000.00 |
| 40 | EYE DROP | Visine (refresh) (Exp. Date not less than 1 1/2 yrs) | 6 | Tube | 1,320.00 |
| 41 | OINTMENT | Calamine + Dyphenhydramine, 30ml (Exp. Date not less than 2 yrs) | 5 | Bottle | 1,650.00 |
| 42 | OINTMENT | ometasone Furoate, 10g (Exp. Date not less than 1 1/2 yrs) | 5 | Tube | 3,300.00 |
| 43 | OINTMENT | Mupirocin (Exp. Date not less than 1 yr) | 5 | Tube | 5,500.00 |
| 44 | OINTMENT | Mupirocin + Bethamethasone Dipropionate, 5g, (Exp. Date not less than 1 yr) | 10 | Tube | 8,800.00 |
| 45 | OINTMENT | Pain Killer, 120ml, PRO (Exp. Date not less than 1 1/2yr) | 25 | Bottle | 4,000.00 |
| 46 | OINTMENT | Povidone-Iodine, 10% topical ointment, 5g. (Exp. Date not less than 2 yr) | 5 | Tube | 2,750.00 |

| | | | | | |
|----|---------------|--|-----|---------|-----------|
| 47 | OINTMENT | Sodium Fusidate (Exp. Date not less than 1 1/2yr) | 5 | Tube | 4,400.00 |
| 48 | PAIN RELIVER | Mefenamic Acid, 250 mg. (Exp. Date not less than 2yrs) | 200 | Capsule | 2,000.00 |
| 49 | PAIN RELIVER | Ibuprofen, 200 mg. (Exp. Date not less than 1 yr) (softgel) | 300 | Capsule | 4,950.00 |
| 50 | PAIN RELIVER | Ketroprofen Gel (Exp. Date not less than 2 yr) | 10 | Tube | 7,000.00 |
| 51 | PAIN RELIVER | Ketorolac (Exp. Date not less than 1 1/2 yr) | 20 | Ampule | 1,820.00 |
| 52 | PAIN RELIVER | Mefenamic Acid, 500 mg. (Exp. Date not less than 1 1/2 yrs) | 500 | Tablet | 5,000.00 |
| 53 | PAIN RELIVER | Tramadol, solution, for injection (Exp. Date not less than 1 1/2 yr) | 10 | Ampule | 1,650.00 |
| 54 | SPRAY | Cool Spray 250ml | 30 | Bottle | 23,100.00 |
| 55 | STERILE WATER | for injection, 50ml, solvent, Parenteral Prep | 5 | Vial | 1,100.00 |
| 56 | VACCINE | Tetanus Toxoid, vaccine | 50 | Ampule | 11,000.00 |
| 57 | VITAMINS | Sodium Ascorbate/Ascorbic Acid with Zinc | 500 | Capsule | 10,000.00 |

Other Information

The bidders must download the attached documents in the associated component section.

Created by Tutchie Panlilio

Date Created 08/06/2023

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.