



	SOUTHERN LEYTE STATE UNIVERSITY	REQUEST FOR QUOTATION FORM & NOTICE
		GOODS & SERVICES
Office/Campus:	MEDICAL/DENTAL SERVICES	
Address/Contact Details:	San Roque, Sogod, Southern Leyte	

RFQ No.	2025-03-0113
Date:	

GENTLEMEN:

May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

Delivery within 30 working days upon receipt of approved Purchase Order (PO).

PR No. 2025-03-0094						
Item #	QTY.	UNIT	ITEM/DESCRIPTION	APPROVED BUDGET	UNIT COST	TOTAL COST
Advancement and Enhancing our Medical and Dental Supplies						
DRUGS and MEDICINES (1lot)						
1	10	bxs	Amoxicilin 500mg			
2	2	pc	Antibiotic ointment (tube)			
3	2	bxs	Anti-diarrhea			
4	5	bxs	Carbocisteine 500mg, 100/box			
5	10	bxs	Cefalexin 500mg			
6	2	bxs	Hyoscine 10mg			
7	105	pcs	Metronidazole			
8	2	bxs	Ranitidine			
9	8	bots	Eye drop			
10	30	amps	Tetanus Toxoid			
11	30	amps	ATS 1,500 "u"			
MEDICAL & DENTAL LABORATORY SUPPLIES (1lot)						
12	1	pcs	Dycal base liner			
13	4	pcks	Disposable cup (paper) 8oz (50pcs)			
14	3	bots	Prophy paste			
15	6	bxs	Lidocaine Injection 50pcs/box			
16	5	syringe	Etchant			
17	5	pks	BIBS (100pcs)			
18	5	pcs	Mouth mirror			
19	3	bots	Bonding agent			
20	5	bots	Disposable micro applicator			
21	1	bxs	Restorativefilling materials			
22	1	pcs	#65 forceps			
23	1	sets	Dental elevator (5pcs)			
24	10	pcks	Flexi Saliva Ejector			
25	1	pcs	Ultrasonic Dental Inseert			





26	5	pcs	Muscle pain spray			
27	5	pcs	Ice pack			
28	30	pcs	Elastic bandage 2"			
29	5	bxs	Gauze pad (sterile) 3x3 100pcs/bx			
30	5	bxs	Gauze pad (non-sterile) 3x3 100pcs/bx			
			TOTAL			
Delivery Term						
Payment Term		If payment for deposit, please provide bank details:				

Very truly yours,

PRICES IN THE ABOVE OFFER ARE
 CERTIFIED TRUE AND CORRECT:

CHRISTINE ALMA MAE M. DAGUPLO
 BAC Chairperson

Authorized Company _____
 Representative _____ (Signature over Printed Name)

MICHELLE ANN P. BERINGUEL
 Canvasser

IMPORTANT:

1. Prices must be written clearly.
2. If offering a substitute/equivalent, specify the brand and make.
3. RFQ should be sealed.

Company Name _____
 Address _____
 Tel. Nos. _____
 T. I. N. _____

