



 <b>SOUTHERN LEYTE STATE UNIVERSITY</b>		<b>REQUEST FOR QUOTATION FORM &amp; NOTICE</b>	
		<b>GOODS &amp; SERVICES</b>	
Office/Campus:	HEALTH AND WELLNESS		
Address/Contact Details:	San Roque, Sogod, Southern Leyte		
		RFQ No.	2025-08-0414
		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. 2025-07-0292**

Item #	QTY.	UNIT	ITEM/DESCRIPTION	APPROVED BUDGET	UNIT COST	TOTAL COST
Advancement of Medical, Dental Supplies and Day to day operations						
			<b>Drugs and Medicines</b>			
1	50	bxs	Acetylcysteine 500mg	320.00		
2	30	bxs	Ambroxol Hydrochloride 75mg	650.00		
3	30	bxs	Amoxicillin 500mg 100/box	380.00		
4	3	bxs	Captopril 5mg 100/box	700.00		
5	30	bxs	Carbocisteine 500mg 100/box	285.00		
6	30	bxs	Cefalexin 500mg 100/box	430.00		
7	20	bxs	Ciprofloxacin 500mg 100/box	500.00		
8	4	bxs	Hyoscine 10mg 100/box	500.00		
9	3	bxs	Metronidazole	300.00		
10	25	bxs	Mefenamic Acid	300.00		
11	200	caps	Omeprazole 20mg	15.00		
12	40	bxs	Phenylpropanolamine Hydrochloride Chlorphenamine Paracetamol (Decongestant) 25mg/2mg/500mg	600.00		
13	4	bxs	Ranitidine	450.00		
14	3	bxs	Isoprinoline 500mg	3,000.00		
15	3	bxs	Glicazide 60mg	900.00		
16	4	bxs	ATS 1,500 "u"	2,500.00		
17	30	bxs	Paracetamol 500mg	500.00		
18	5	bxs	Budesonide	2,250.00		
19	5	bxs	Salbutamol nebule	1,050.00		
20	5	bxs	Losartan 50mg	1,300.00		



# SOUTHERN LEYTE STATE UNIVERSITY

Main Campus, San Roque, Sogod, Southern Leyte  
Email: president@southernleytestateu.edu.ph  
Website: www.southernleytestateu.edu.ph



Excellence | Service | Leadership and Good Governance | Innovation | Social Responsibility | Integrity | Professionalism | Spirituality

21	5	bxs	Prednisone	1,000.00		
22	5	cans	Lidocaine Topical Anesthesia cream	800.00		
23	10	bxs	Lidocaine Injection 50 pcs/box	1,500.00		
24	20	bots	Prophy paste	150.00		
25	20	bots	Advance Spray Pain Reliever	200.00		
			<b>TOTAL</b>	<b>₱210,350.00</b>		
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)

**JELYNE L. LORA**  
Canvasser

Company Name

Address

Tel. Nos.

T.I.N

**IMPORTANT:**

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

