



Annex A: Schedule of Prices

Name of Supplier: _____

0	1	2	3	4	5	6	7	8	9	10
No.	Item and Description	Country of origin	Qty	Unit	Unit price EXW per item	Transportation and Insurance and all other costs incidental to delivery, per item	Sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Total Price, per unit (col 5+6+7+8)	Total Price delivered Final Destination (col 9) x (col 3)
Lot 1: DENTAL MEDICINES										
1	Amoxicillin, 250mg x 100's		40	box						
2	Amoxicillin, 500mg x 100's		5	box						
3	Ibuprofen softgel capsule (medicol advance) 200mg x 100's		8	box						
4	Ibuprofen softgel capsule (medicol advance) 400mg x 100's		8	box						
5	Metronidazole tablet, 500mg x 100's		2	box						
6	Tranexamic acid, 500mg x 100's		2	box						
Sub-total Amount for Lot 1: Dental Medicines (not to exceed Php38,676.00)										
Lot 2: DENTAL SUPPLIES										
7	Alcohol, 70% 500ml (biogenic)		20	bottle						
8	Articulating paper (red/blue)		3	box						
9	Auto matrix (densply), 100pcs, Model: 35um-hard		1	box						
10	Composite filling a3 (gc Solare x)		3	tube						
11	Defog (anti-moisture for dental mirror) 60ml		2	bottle						
12	Dental anesthesia (new stetic brand)		10	box						
13	Dental needles (denject -30g, xx.short)		2	pack						
14	Dental round burs: size 4		10	piece						
15	Dental round burs: size 6		10	piece						
16	Dental round burs: size 8		10	piece						
17	Dental bibs, 2 ply		5	pack						
18	Disposable gloves, medium size (powder-free)-(micro-super gloves)		15	box						
19	Disposable plastic cups (clear) 8oz		250	piece						
20	Etchant gel		2	tube						



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0	1	2	3	4	5	6	7	8	9	10
No.	Item and Description	Country of origin	Qty	Unit	Unit price EXW per item	Transportation and Insurance and all other costs incidental to delivery, per item	Sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Total Price, per unit <i>(col 5+6+7+8)</i>	Total Price delivered Final Destination <i>(col 9) x (col 3)</i>
21	Facemask (defender)		10	box						
22	Flame type polishing dental bur		8	piece						
23	Flowable composite a3 (gc solare flo)		4	tube						
24	Gc solare universal bond, 2.5ml		2	tube						
25	Glass ionomer luting cement (fuji 1 gold label)		2	box						
26	Light cured radiopaque calcium hydroxide paste 2g (cal cl)		1	box						
27	Mouth mirror, tip size 5		2	box						
28	Petroleum jelly, Vaseline 375g		2	bottle						
29	Polishing prostho burs		10	piece						
30	Prophylaxis paste		2	tube						
31	Scaler tip (woodpecker)		2	set						
32	Small non-sterile cotton rolls, #1 (defend)		4	pack						
33	Surgical blade, no. 15		1	box						
34	Topical anesthesia (xylocaine spray 10% 50ml pump)		2	box						
35	Vitapan shade guide, A1-D4		1	set						
36	Zenith dental luxator kit (set of 10)		2	set						
Sub-total Amount for Lot 2: DENTAL SUPPLIES <i>(not to exceed Php139,847.76)</i>										
Lot 3: DENTAL EQUIPMENT										
37	Dental aspirating syringe, type C stainless steel		6	unit						
38	Dental high-speed handpiece with LED light, 2 holes (NSK)		1	unit						
39	Headlight magnifying (ergonoptix surgical loupe with d-light headlamp)		1	unit						
40	Portable suction machine, single bottle, 1000ml (surgitech)		1	unit						
Sub-total Amount for Lot 3: DENTAL EQUIPMENT <i>(not to exceed Php 57,685.00)</i>										



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Grand-Total Amount in Figures:		Php	
Total Amount in words:			
Performance Security:	N/A	Warranty:	Warranty shall be for three (3) months for expendable supplies and one (1) year for non-expendable supplies or equipment reckoned from the date of acceptance of the Goods
Delivery Period:	45 CD	Price Validity:	30 cd
Notation:	The Bill of Quantities (BOQ) contains the following parts: a. BOQ for each Part of the Contract. b. Summary of Bid Prices for all Parts of the Contract.		
After having carefully read and accepted your General Conditions on the Purchase of Medicines, Supplies and Equipment for Dental Services , I/We hereby offer the price quotations on the items/s above:			
_____ Printed Name/ Signature	_____ E-mail Address		
_____ Company Name	_____ Contact No.		
_____ Company Address	_____ TIN		