



Republic of the Philippines
KALINGA STATE UNIVERSITY
PROCUREMENT SERVICE UNIT
BIDS AND AWARDS COMMITTEE
 National Highway, Purok 6, Bulanao, Tabuk City, Kalinga
 Website: <http://ksu.edu.ph> Email: procurementservice_bac@ksu.edu.ph Contact No: 0917-774-4185

Procuring Entity : **KALINGA STATE UNIVERSITY** P.R. No. : **2017-11-0843**
 Standard Form Title : **REQUEST FOR QUOTATION** Date : **November 4, 2017**
 Revised on : Office/End-user : **Dental Services**

Company Name : _____
 Business Address Date : _____
 Tel. No./Fax No. : _____
 T.I.N. : _____

Name of Contract : **Purchase and Delivery of Medicines and Equipment for Dental Services Use**
 Location of Contract: **Kalinga State University – Main Campus, Purok 6, Bulanao, Tabuk City, Kalinga**
 Approved Budget for the Contract: **Php 338,900.00**
 Website Posting: **November 11-14, 2017**

Please quote your government price, taxes included and FOB, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 o'clock of November 14, 2017 in a sealed envelope to the Office of the Bids and Awards Committee (BAC) stated above **or thru e-mail at ksu_bac@yahoo.com** and shall be opened on the same day at 10:01 o'clock.

- TERMS and CONDITIONS:**
1. All entries must be typewritten or legibly written.
 2. If you do not have the exact item(s) as specified, feel free to offer equivalent of similar quality for possible substitutions.
 3. Delivery period within 15 working days upon receipt of the Purchase Order (PO). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
 4. Price validity shall be for a period of 30 calendar days.
 5. The total price quoted is subject to withholding tax and payable check.
 6. Warranty shall be for a minimum of three (3) months for supplies and materials; one (1) year for equipment from date of acceptance by the end-user.
 7. PhilGEPS Registration Number and Mayor's/Business Permit shall be attached upon submission of the quotation.
 8. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the supplier or his/her duly authorized representative/s.
 9. The KSU reserves the right to accept or reject any or all quotations and to impose additional terms and conditions, as it may deem proper.


AMADO P. IMPER, PhD
 BAC Chairman

| ITEM NO. | ITEM AND DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|----------|---|-----------|------|------------|-------------|
| | Dental Medicines | | | | |
| 1 | Amoxicillin, 500mg | 30 | box | | |
| 2 | Tranexamic Acid, 500mg | 5 | box | | |
| 3 | Mefenamic Acid, 500mg | 30 | box | | |
| 4 | Dolphenal, 500mg | 1 | box | | |
| | Dental Supplies | | | | |
| 5 | Dental Anesthesia, preferably new Stetic Brand | 20 | box | | |
| 6 | Dental Sterile Gauze | 15 | pack | | |
| 7 | Dental Needles, gauge 27/short | 15 | box | | |
| 8 | Disposable Gloves(Powder Free), preferably Microsupergloves | 10 | box | | |
| 9 | Dental Bibs, 2 Ply | 7 | pack | | |
| 10 | Facemask, preferably Defender | 10 | box | | |
| 11 | Alcohol, 500ml, preferably Biogenic | 5 | bot | | |
| 12 | Betatdine Gargle, 120ml | 15 | bot | | |
| 13 | Mouthwash, 500ml | 7 | bot | | |
| 14 | Dental Burs: Round Burs: Size 4 | 10 | pcs | | |
| 15 | Dental Burs: Round Burs: Size 6 | 7 | pcs | | |
| | SUB-TOTAL AMOUNT | | | | |



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| ITEM NO. | ITEM AND DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|----------|---|-----|------|------------|-------------|
| | Dental Supplies | | | | |
| 16 | Dental Burs: Round Burs: Size 8 | 5 | pcs | | |
| 17 | Dental Burs: White Polishing Burs | 7 | pcs | | |
| 18 | Dental Burs: Prosto Burs | 7 | pcs | | |
| 19 | Applicator Tip | 5 | tube | | |
| 20 | Polishing Strip | 1 | box | | |
| 21 | Celluliod Strip | 5 | box | | |
| 22 | Calcium Hydroxide, preferably Dycal | 1 | box | | |
| 23 | Saliva Ejector Tip | 5 | bag | | |
| 24 | Bonding Agent(Self-Etch), preferably | 1 | tube | | |
| 25 | Composite Filling A3, preferably Tokoyama | 3 | tube | | |
| 26 | Composite Filling A2, preferably Tokoyama | 2 | tube | | |
| 27 | Composite Filling Dentalflow, preferably Tokoyama | 2 | tube | | |
| 28 | Tissue, 2 Ply, preferably Sanicare Product | 50 | roll | | |
| 29 | Mouth Mirror Tip | 1 | box | | |
| | Dental Equipment | | | | |
| 30 | Dental Chair, For Rizal Campus | 1 | unit | | |
| | SUB-TOTAL AMOUNT | | | | |
| | GRAND-TOTAL AMOUNT (Php) | | | | |
| | GRAND-TOTAL AMOUNT IN WORDS | | | | |

Brand and Model : _____ Warranty : _____
 Delivery Period : _____ Price Validity : _____

After having carefully read and accepted your general conditions, I/We quote you on the item(s) at prices noted above.

_____ Printed Name/Signature/Date

_____ Tel. No./Cellphone No./Email Address