

PHILIPPINE SCIENCE HIGH SCHOOL

CAMPUS: Calabarzon

ROUTING SLIP

Date: Feb 22, 2024

For/ To:

Subject:	Other instructions (please specify)
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Action</li><li><input checked="" type="checkbox"/> Approval</li><li><input type="checkbox"/> Comment</li><li><input type="checkbox"/> Discuss with me</li><li><input type="checkbox"/> Endorsement</li><li><input type="checkbox"/> File</li><li><input type="checkbox"/> Give Status</li><li><input type="checkbox"/> Handle</li><li><input type="checkbox"/> Information</li><li><input type="checkbox"/> Initial / Clearance</li><li><input type="checkbox"/> Note &amp; File</li><li><input type="checkbox"/> Note &amp; Return</li><li><input type="checkbox"/> Prepare Draft / Reply</li><li><input type="checkbox"/> Review</li></ul>	

Due Date:

From:


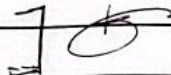




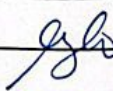

PHILIPPINE SCIENCE HIGH SCHOOL - CALABARZON REGION CAMPUS

DOCUMENT TRACKING FORM

DIVISION

<input type="checkbox"/> FAD	<input type="checkbox"/> SSD
<input type="checkbox"/> CID	<input type="checkbox"/> OCD
<input type="checkbox"/>	<input type="checkbox"/> QMSO

REFERENCE NO.: HSC-2024-006  
 DATE: Feb 21, 2024

FROM/TO	PARTICULARS	ACTION/S TAKEN	SIGNATURE	DATE (mm/dd/yy)
MAL	Request for Purchase of medicines + supplies	Request created + forwarded to JMJ	MAKUMAYAN	02/21/2024
Jm)	- do -	SAB		2/26/24
		JVKF		2/27/24
		MA LG		
		R M M		
		DGC		
		AEA		
		MTPP		
		R S F		
DGC	- do -	signed		03/05/24
AEF	- do -	AEF		3/05/24
MOPP	- do -	signed		3/15/24
RIF	- do -	signed on, on, and sold; no m. s. s.		3/15/2024
LPR	- do -	prepared for		3/6/2024
JVKF	- do -	sent to BRR forwarded to SLA		3/6/24

TO ALL DIVISION RECORDS CUSTODIANS: Once document(s)/record(s) is/are signed, please return to the Records Management Unit (RMU) for proper monitoring and filing.

<b>PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM</b>		<b>REQUEST FOR QUOTATION FORM &amp; NOTICE (GOODS)</b>	
Office/ Campus:	PHILIPPINE SCIENCE HIGH SCHOOL CALABARZON REGION CAMPUS		
Address/ Contact Details:	Sitio Sampaga West, Barangay Sampaga, Batangas City		

Quotation No.:	2024-03-043
Date :	March 6, 2024

Project: **PURCHASE OF MEDICAL SUPPLIES FOR HEALTH SERVICES UNIT**

The **PHILIPPINE SCIENCE HIGH SCHOOL CALABARZON REGION CAMPUS (PSHS-CALABARZONRC)** intends to apply the sum of **ONE HUNDRED THIRTY-ONE THOUSAND NINE HUNDRED TEN PESOS ONLY (Php 131,910.00)** being the Approved Budget for the Contract (ABC) to pay for the contract for the Project: **PURCHASE OF MEDICAL SUPPLIES FOR HEALTH SERVICES UNIT**

**TERMS OF REFERENCE:**

1. The Philippine Science High School - CALABARZON Region Campus (PSHS-CALABARZONRC) now invites qualified suppliers/dealers/manufactures to submit price quotations for the above-mentioned project with the following deliverables / scopes / specifications:
  - 1.1 For the complete details of this project, please "ORDER" RFQ Form No. 2024-03-043 on the "ASSOCIATED COMPONENTS" link found on this posting;
  - 1.2 Supply and delivery (whenever required) will be at PSHS CALABARZON Region Campus in Sitio Sampaga West, Brgy. Sampaga, Batangas City
2. Procurement will be conducted through one of the Alternative Modes of Procurement under the "Government Procurement Reform Act".
3. Interested suppliers may obtain the Request for Quotation (RFQ) Form from the Finance and Administrative Division (FAD), PSHS-CALABARZONRC c/o Mr. Edsel E. Espino (043) 724-6199; on March 7 - 11, 2024 from 9:00am – 3:00 P.M. without cost and from <https://www.philgeps.net>.
4. Upon submission of the RFQ, please attach the following documentary requirements:
  - a. Mayor's Permit
  - b. PhilGEPS Registration Number
  - c. DTI or SEC Registration
  - d. Notarized Revised Omnibus Sworn Statement (An unnotarized Omnibus Sworn Statement may be submitted provided you will submit the notarized one after the award of contract.)
  - e. BIR 2303/OCR Number
5. The deadline for submission of duly accomplished RFQ Form (Open or Sealed) is on March 11, 2024, 5:00pm. Suppliers are not required to attend the Opening of Quotations.
6. Send your RFQ with complete documentary requirements to [bac@cbzrc.pshs.edu.ph](mailto:bac@cbzrc.pshs.edu.ph) and address it to SHIELA LIZ L. ATIVO, BAC Secretariat Member.
7. The winning supplier will be notified in writing or by phone or otherwise by the Head of the Procuring Entity (HOPE) subject to the provisions of RA 9184 and its Revised IRR.
8. The PSHS-CALABARZONRC reserves the right to accept or reject any price offer, and to annul the procurement process and reject all offers at any time prior to contract award, without thereby incurring any liability to the affected supplier or suppliers.

Name of Company: \_\_\_\_\_  
 Name of Representative: \_\_\_\_\_  
 Mobile/Office Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

  
**ROMEO M. MADRONA, Jr.**  
 BAC Chairperson

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

REQUEST FOR QUOTATION FORM & NOTICE  
(GOODS)

Office/ Campus: PHILIPPINE SCIENCE HIGH SCHOOL CALABARZON REGION CAMPUS

Address/ Contact Details: Barangay Sampaga West, Batangas City

SIR/MADAM

Quotation No.:  
Date :

2024-03-043  
March 06, 2024

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 \_\_\_\_\_ calendar days upon receipt of approved Purchase Order (PO).

In case of failure to make the full delivery/completion within the time specified as offered/required, the Supplier/ Contractor shall be liable for liquidated damages/penalty of one-tenth (1/10) of one percent (1%) of the Contract Price per calendar day of delay minus the value of the delivered/completed portion(s) of the approved P.O./Contract.

Item #	QTY	UNIT	ITEM/DESCRIPTION	UNIT COST	TOTAL COST
<b>PRICES MUST BE Tax (VAT) INCLUSIVE SUPPLY &amp; DELIVERY</b>					
1	1800	TABLET	Paracetamol 500 mg (Preferred Brand: Biogesic)		
2	2	BOTTLE	Paracetamol syrup 250 mg/5 ml (60 ml)		
3	500	CAPSULE	Mefenamic Acid 500 mg		
4	600	CAPSULE	Carbocisteine 500 mg (Preferred Brand: Solmux)		
5	400	TABLET	Dextromethorphan HBr 15 mg, phenylpropranolamine HCl, Paracetamol 325 mg (Preferred Brand: Tuseran Forte)		
6	500	TABLET	Phenylephrine HCl 10 mg, Paracetamol 500 mg (Preferred Brand: No-Drowse Decolgen)		
7	800	TABLET	Phenylephrine HCl 10 mg, Chlorphenamine Maleate 2 mg, Paracetamol 500 mg (Preferred Brand: Symdex D)		
8	200	CAPSULE	Loperamide 2mg (Preferred Brand: Diatabs)		
9	400	SACHET	Oral rehydration salts (Hydrite)		
10	400	CAPLET	Cetirizine 10 mg		
11	400	TABLET	Hyoscine N-butylbromide (Preferred brand: Buscopan)		
12	100	TABLET	Hyoscine N-butylbromide PLUS (Preferred brand: Buscopan venus)		
13	500	TABLET	Aluminum Hydroxide 178mg, Magnesium Hydroxide 233 mg, Simeticone 30 mg (kremil S)		
14	600	LOZENGE	Dequalinium 250 mcg (Preferred Brand: Dequadin)		
15	200	LOZENGE	Dichlorobenzyl Alcohol Amymetacresol(strepsils)		
16	60	NEBULE	Salbutamol Sulfate Nebule 1mg/ml or 2mg/ml (Preferred Brand: Hivent)		
17	100	BOX	Mentholated Patch 10's (Preferred Brand: Salonpas) (100 boxes by 10s)		
18	20	TUBE	Antibacterial ointment (5 grams)		
19	30	SACHET	Zinc oxide+ Calamine 3.5 g		
20	10	BOTTLE	Isopropyl Alcohol (Biogenic 70%) 1000 ml		
21	14	BOTTLE	White flower 20 ml		
22	12	BOTTLE	Hydrogen Peroxide 60 ml		
23	12	BOTTLE	Povidone Iodine Solution 60 ml Preferred Brand: Betadine		
24	50	BOX	Band Aid strips box by 100s		
25	8	PACK	Cotton Balls 100's		

Delivery Term : WITHIN 30 CALENDAR DAYS AFTER THE RECEIPT OF PURCHASE ORDER

Delivery Time :

Payment Term : WITHIN 30-45 CALENDAR DAYS AFTER THE COMPLETE DELIVERY OF ITEMS

Very truly yours,

  
EDSEL B. ESPINO  
PURCHASER

Authorized Company  
Representative :

Telephone: 043-779-8320

PRICES IN THE ABOVE OFFER ARE  
CERTIFIED TRUE AND CORRECT:

(Signature Over Printed Name)

IMPORTANT

- Prices must be typewritten in ink clearly.
- If offering a substitute/equivalent, specify the brand and make.

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone nos. : \_\_\_\_\_  
T.I.N. : \_\_\_\_\_

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

REQUEST FOR QUOTATION FORM & NOTICE  
(GOODS)

Office/ Campus: PHILIPPINE SCIENCE HIGH SCHOOL CALABARZON REGION CAMPUS  
Address/ Contact Details: Barangay Sampaga West, Batangas City

SIR/MADAM

Quotation No.: 2024-03-043  
Date: March 06, 2024

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Item.#	QTY	UNIT	ITEM/DESCRIPTION	UNIT COST	TOTAL COST
<b>PRICES MUST BE Tax (VAT) INCLUSIVE SUPPLY &amp; DELIVERY</b>					
26	10	PACK	Cotton Buds x100		
27	200	TABLET	Meclizine (Preferred Brand: Bonamine) 4 mg Chewable		
28	100	ROLL/ PIECE	Elastic Bandage (2 inches)		
29	50	ROLL/ PIECE	Elastic Bandage (3 inches)		
30	6	PIECE	Triangular Bandage (40x40x56")		
31	4	BOX	Gauze pad 4x4"ply 100s per box		
32	2	BOX	Gauze pad 3x3" ply 100s per box		
33	50	BOX	Facemask 3ply Ear loop (50's)		
34	24	PIECE	Micropore Tape 1'		
35	24	PIECE	Micropore tape 1/2'		
36	10	PIECE	Nebulizing kit		
37	10	PIECE	Oxygen mask adult		
38	10	PIECE	Oxygen mask pedia		
39	10	PACK	Interfold paper towel		
40	4	PIECE	Ice bag		
41	4	PIECE	Hot water bag 1000 ml		
42	10	PACK	Sanitary pads		
43	4	BOTTLE	Bactidol antiseptic gargle 60 ml		
44	2	BOTTLE	Naphazoline HCl and Pheniramine Maleate 0.3% (Naphcon A Eye drops 0.5 FL. OZ)		
45	1	UNIT	Digital Sphygmomanometer		
46	20	PIECE	Syringe 2.5 ml with needle gauge 23		
<i>*THE SUPPLIER MUST PROVIDE ITEMS THAT DO NOT EXPIRE EARLIER THAN YEAR 2026</i>					

Delivery Term : WITHIN 30 CALENDAR DAYS AFTER THE RECEIPT OF PURCHASE ORDER  
 Delivery Time : \_\_\_\_\_  
 Payment Term : WITHIN 30-45 CALENDAR DAYS AFTER THE COMPLETE DELIVERY OF ITEMS

Very truly yours,

  
EDSEL E. ESPINO  
PURCHASER

Authorized Company Representative :

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

Telephone: 043-779-8320

(Signature Over Printed Name)

IMPORTANT

- Prices must be typewritten in ink clearly.
- If offering a substitute/equivalent, specify the brand and make.

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_

Telephone nos. : \_\_\_\_\_  
T.I.N. : \_\_\_\_\_

## PURCHASE REQUEST

Entity Name: **PHILIPPINE SCIENCE HIGH SCHOOL - CALABARZON REGION CAMPUS**Fund Cluster: **1101101**

Office/Section : <b>SSD</b>		PR No.: <u>2024-03-043</u>	Date: <u>February 23, 2024</u> <u>March 6, 2024</u>		
		Responsibility Center Code : <u>19-016-09-00014-04-03A</u>			
Stock / Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
1	Tablet	Paracetamol 500 mg (Preferred Brand: Biogesic)	1800	5.00	₱9,000.00
2	bottle	Paracetamol syrup 250 mg/5 ml (60 ml)	2	135.00	₱270.00
3	Capsule	Mefenamic Acid 500 mg	500	4.00	₱2,000.00
4	Capsule	Carbocisteine 500 mg (Preferred Brand: Solmux)	600	12.00	₱7,200.00
5	Capsule	Dextromethorphan HBr 15 mg, phenylpropanolamine HCl, Paracetamol 325 mg (Preferred Brand: Tuseran Forte)	400	14.00	₱5,600.00
6	Tablet	Phenylephrine HCl 10 mg, Paracetamol 500 mg (Preferred Brand: No-Drowse Decolgen)	500	8.00	₱4,000.00
7	Tablet	Phenylephrine HCl 10 mg, Chlorphenamine Maleate 2 mg, Paracetamol 500 mg (Preferred Brand: Symdex D)	800	6.00	₱4,800.00
8	Capsule	Loperamide 2mg (Preferred Brand: Diatabs)	200	3.00	₱600.00
9	Sachet	Oral rehydration salts (Hydrite)	400	18.00	₱7,200.00
10	Caplet	Cetirizine 10 mg	400	15.00	₱6,000.00
11	Tablet	Hyoscine N-butylbromide (Preferred brand: Buscopan)	400	8.00	₱3,200.00
12	Tablet	Hyoscine N-butylbromide PLUS (Preferred brand: Buscopan venus)	100	40.00	₱4,000.00
13	Tablet	Aluminum Hydroxide 178mg, Magnesium Hydroxide 233 mg, Simeticone 30 mg (kremil S)	500	10.00	₱5,000.00
14	Lozenge	Dequalinium 250 mcg (Preferred Brand: Dequadin)	600	11.00	₱6,600.00
15	Lozenge	Dichlorobenzyl Alcohol Amymetacresol(strepsils)	200	20.00	₱4,000.00
16	Nebule	Salbutamol Sulfate Nebule 1mg/ml or 2mg/ml (Preferred Brand: Hivent)	60	50.00	₱3,000.00
17	Box	Mentholated Patch 10's (Preferred Brand: Salonpas)	100 boxes by 10s	80.00	₱8,000.00
18	Tube	Antibacterial ointment (5 grams)	20	600.00	₱12,000.00
19	sachet	Zinc oxide+ Calamine 3.5 g	30	80.00	₱2,400.00
20	Bottle	Isopropyl Alcohol (Biogenic 70%) 1000 ml	10	150.00	₱1,500.00
21	bottle	White flower 20 ml	14	180.00	₱2,520.00
22	Bottle	Hydrogen Peroxide 60 ml	12	100.00	₱1,200.00
23	Bottle	Povidone Iodine Solution 60 ml Preferred Brand: Betadine	12	100.00	₱1,200.00
24	box	Band Aid strips box by 100s	50	75.00	₱3,750.00
25	Pack	Cotton Balls 100's	8	80.00	₱640.00
26	Pack	Cotton Buds x100	10	50.00	₱500.00
27	Tablet	Meclizine (Preferred Brand: Bonamine) 4 mg Chewable	200	25.00	₱5,000.00
28	Roll/Pieces	Elastic Bandage (2 inches)	100	30.00	₱3,000.00
29	Roll/Pieces	Elastic Bandage (3 inches)	50	40.00	₱2,000.00
30	Pieces	Triangular Bandage (40x40x56")	6	70.00	₱420.00
31	Box	Gauze pad 4x4" ply 100s per box	4	400.00	₱1,600.00

32	Box	Gauze pad 3x3" ply 100s per box	2	300.00	₱600.00
33	Box	Facemask 3ply Ear loop (50's)	50	50.00	₱2,500.00
34	Pieces	Micropore Tape 1'	24	40.00	₱960.00
35	Pieces	Micropore tape 1/2'	24	20.00	₱480.00
36	Pieces	Nebulizing kit	10	50.00	₱500.00
37	pieces	Oxygen mask adult	10	80.00	₱800.00
38	pieces	Oxygen mask pedia	10	80.00	₱800.00
39	pack	Interfold paper towel	10	50.00	₱500.00
40	Piece	Ice bag	4	150.00	₱600.00
41	Piece	Hot water bag 1000 ml	4	110.00	₱440.00
42	Pack	Sanitary pads	10	25.00	₱250.00
43	Bottle	Bactidol antiseptic gargle 60 ml	4	160.00	₱640.00
44	Bottle	Naphazoline HCl and Pheniramine Maleate 0.3% (Naphcon A Eye drops 0.5 FL. OZ)	2	520.00	₱1,040.00
45	unit	Digital Sphygmomanometer	1	3,500.00	₱3,500.00
46	pieces	Syringe 2.5 ml with needle gauge 23	20	5.00	₱100.00
				<b>TOTAL</b>	<b>₱131,910.00</b>

For ensuring adequacy of medical supplies and better management of First Aid cases

Requested by:

Signature :

*MALUMANGLAS*

Printed Name :

**MEGIE A. LUMANGLAS**

Designation :

**NURSE 1**

Approved by:

*REX S. FORTEZA*

**REX S. FORTEZA**  
**CAMPUS DIRECTOR**



**TERMS OF REFERENCE  
FOR THE PURCHASE OF MEDICAL SUPPLIES FOR HEALTH SERVICES UNIT**

**I. Background**

The health and safety of the scholars and every person in the organization is our utmost priority. The PSHS-CBZRC Health Services Unit thru the support of the Student Service Division ensures that the campus clinic has all the medical supplies and emergency kits that are readily available.

**II. Rationale**

For various reasons such as changes of weather, contact sports activities and some school program and activities, scholars and employees may sometime be prone to injuries and illnesses while they are in the campus' premises, thus, we need medical supplies to be used in giving First Aid treatment to them.

**III. Scope of Work and Job Specifications**

The supplier must provide items that do not expire earlier than year 2026. The supplier must be able to provide the following items and its specifications:

PARTICULARS	UNIT OF MEASURE	QUANTITY	UNIT COST	TOTAL
Paracetamol 500 mg (Preferred Brand: Biogesic)	Tablet	1800	5.00	9,000.00
Paracetamol syrup 250 mg/5 ml (60 ml)	Bottle	2	135.00	270.00
Mefenamic Acid 500 mg	Capsule	500	4.00	2,000.00
Carbocisteine 500 mg (Preferred Brand: Solmux)	Capsule	600	12.00	7,200.00
Dextromethorphan HBr 15 mg, phenylpropanolamine HCl, Paracetamol 325 mg (Preferred Brand: Tuseran Forte)	Capsule	400	14.00	5,600.00
Phenylephrine HCl 10 mg, Paracetamol 500 mg (Preferred Brand: No-Drowse Decolgen)	Tablet	500	8.00	4,000.00





Republic of the Philippines

**DEPARTMENT OF SCIENCE AND TECHNOLOGY**

PHILIPPINE SCIENCE HIGH SCHOOL - CALABARZON REGION CAMPUS



Certificate No.: SCP000420Q

Phenylephrine HCl 10 mg, Chlorphenamine Maleate 2 mg, Paracetamol 500 mg (Preferred Brand: Symdex D)	Tablet	800	6.00	4,800.00
Loperamide 2mg (Preferred Brand: Diatabs)	Capsule	200	3.00	600.00
Oral rehydration salts (Hydrite)	Sachet	400	18.00	7,200.00
Cetirizine 10 mg	Caplet	400	15.00	6,000.00
Hyoscine N-butylbromide (Preferred brand: Buscopan)	Tablet	400	8.00	3,200.00
Hyoscine N-butylbromide (Preferred brand: Buscopan Venus)	Tablet	100	40.00	4000.00
Aluminum Hydroxide 178mg, Magnesium Hydroxide 233 mg, Simeticone 30 mg (kremil S)	Tablet	500	10.00	5,000.00
Dequalinium 250 mcg (Preferred Brand: Dequadin)	Lozenge	600	11.00	6,600.00
Dichlorobenzyl Alcohol Amymetacresol (Preferred Brand: Strepsils)	Lozenge	200	20.00	4,000.00
Salbutamol Sulfate Nebule 1mg/ml or 2mg/ml (Preferred Brand: Hivent)	Nebule	60	50.00	3,000.00
Mentholated Patch 10's (Preferred Brand: Salonpas)	Box	100boxes by 10s	80.00	8,000.00
Antibacterial ointment (5 grams)	Tube	20	600.00	12,000.00
Zinc oxide+ Calamine 3.5 g	sachet	30	80.00	2,400.00
Isopropyl Alcohol (Biogenic 70%) 1000 ml	Bottle	10	150.00	1,500.00
White flower 20 ml	bottle	14	180.00	2,520.00
Hydrogen Peroxide 60 ml	Bottle	12	100.00	1,200.00
Povidone Iodine Solution 60 ml Preferred Brand: Betadine	Bottle	12	100.00	1,200.00
Band Aid strips box by 100s	Box	50	75.00	3,750.00
Cotton Balls 100's	Pack	8	80.00	640.00
Cotton Buds x100	Pack	10	50.00	500.00
Meclizine (Preferred Brand: Bonamine) 25 mg Chewable	Tablet	200	25.00	5,000.00
Elastic Bandage (2 inches)	Roll/Pieces	100	30.00	3,000.00
Elastic Bandage (3 inches)	Roll/Pieces	50	40.00	2,000.00
Triangular Bandage (40x40x56")	Pieces	6	70.00	420.00
Gauze pad 4x4" ply 100s per box	Box	4	400.00	1,600.00
Gauze pad 3x3" ply 100s per box	Box	2	300.00	600.00



Facemask 3ply Ear loop (50's)	Box	50	50.00	2,500.00
Micropore Tape 1'	Pieces	24	40.00	960.00
Micropore tape 1/2'	Pieces	24	20.00	480.00
Nebulizing kit	Pieces	10	50.00	500.00
Oxygen mask adult	pieces	10	80.00	800.00
Oxygen mask pedia	pieces	10	80.00	800.00
Interfold paper towel	pack	10	50.00	500.00
Ice bag	Piece	4	150.00	600.00
Hot water bag 1000 ml	Piece	4	110.00	440.00
Sanitary pads	Pack	10	25.00	250.00
Bactidol antiseptic gargle 60 ml	Bottle	4	160.00	640.00
Naphazoline HCl and Pheniramine Maleate 0.3% (Naphcon A Eye drops 0.5 FL. OZ)	Bottle	2	520.00	1,040.00
Digital Sphygmomanometer	unit	1	3,500.00	3,500.00
Syringe 2.5 ml with needle 2 gauge 23	pieces	20	5.00	100.00
<b>TOTAL</b>				<b>₱131,910.00</b>

#### IV. Approved Budget for Contract

The approved budget for the purchasing of Medical Supplies is one hundred thirty one thousand, nine hundred ten pesos (Php 131,910.00).

#### V. Mode of Procurement

The mode of procurement shall be NEGOTIATED PROCUREMENT- SMALL VALUE PROCUREMENT as per 2016 Revised Implementing Rules and Regulations of RA 9184.

#### VI. Evaluation and Selection of Criteria

The project shall be awarded to the supplier with lowest total bid for all the items specifications on the RFQ form. Suppliers who submitted an incomplete quotation for all the listed items shall be disqualified however, if no supplier was able to submit a complete quotation, all the quotations shall undergo evaluation by the BAC for goods and services and a resolution as to whom to award the contract to shall be agreed upon by all the members.



### VII. Payment Scheme

The supplier shall be paid 15-30 working days after delivery.

Prepared by:

*MADUMANGAS 2.21.2024*  
**Megie A. Lumanglas**

Nurse I

Recommending Approval:

*Jorge M. Job*  
**Jorge M. Job**

Chief, Student Services Division

Certificate of Availability of Fund:

*DG*  
**Danica G. Cacao**  
Budget Officer

*Arnel E. Aguila*  
**Arnel E. Aguila**  
Accountant

Recommending Approval:

*Ma. Theresa P. Ragulayan*  
**Ma. Theresa P. Ragulayan**  
FAD Chief 3/17/24

Approved:

*Mr. REX S. FORTEZA*  
**Mr. REX S. FORTEZA**  
Campus Director