



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 13026864
Procuring Entity CARLOS HILADO MEMORIAL STATE UNIVERSITY
Title Procurement of Various Drugs and Medicines for the Dental Office use at Talisay Campus
Area of Delivery Negros Occidental

Solicitation Number:	RFQ 26-194	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 54)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Drugs and Medicines	Date Published	02/06/2026
Approved Budget for the Contract:	PHP 86,528.00	Last Updated / Time	01/06/2026 15:58 PM
Delivery Period:	15 Day/s	Closing Date / Time	09/06/2026 17:00 PM
Client Agency:			
Contact Person:	Rowena De la Vida Prado Administrative Assistant II Mabini Street Talisay City Negros Occidental Philippines 6115 63-34-7120005 Ext.142 63-939-9296624 bac.sec@chmsu.edu.ph		

Description

Republic of the Philippines
 CARLOS HILADO MEMORIAL STATE UNIVERSITY
 Talisay City, Negros Occidental
 Mobile Phone Number: (0920) 583 3046
 bac.sec@chmsu.edu.ph

REQUEST FOR QUOTATION

Date: MAY 28, 2026
 Quotation No.: 26-194

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

DR. MA RIZA T. MANALO
 BAC Chairman

NOTE:

- ALL ENTRIES MUST BE TYPEWRITTEN
- DELIVERY PERIOD WITHIN 15 CALENDAR DAYS
- WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
- PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
- G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION

6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

ITEM ITEM & DESCRIPTION QTY. UNIT UNIT PRICE TOTAL PRICE
 NO. (Pls. indicate brand offered)
 ONE (1) LOT- DRUGS & MEDICINES
 1 ANESTHESIA - Dental Injection, 2% Xylocaine, 50's/box 10 box
 2 AMOXICILLIN - Antibiotic, 500mg/capsule, 100's/box 10 box
 3 BRUSH APPLICATOR - Bendable Dental Applicator Brush, 2 unit
 9-10mm, 100 pcs/unit
 4 CLINDAMYCIN - Antibacterial, 300mg/capsule, 100 capsule/box 5 box
 5 CO-AMOXICLAV - Antibacterial, 625mg 994 tablet
 (500mg + 125mg Film-coated Tablet)
 6 FLOURIDE VARNISH - 10 ml tube, 50mg/ml, Dental Suspension, 2 tube
 2.26% (22,600ppm) Sodium Fluoride
 7 IBUPROFEN - Non-steroidal, Anti-Inflammatory drug, 200 capsule
 200mg/soft gel cap
 8 MEFENAMIC ACID - Analgesic, 500mg/capsule, 100's/box 10 box
 TOTAL

*****Nothing Follows*****

TOTAL ABC = Php 86,528.00

PROCUREMENT OF DENTAL DRUGS AND MEDICINES FOR THE DENTAL CLINIC USE - TALISAY CAMPUSES - M.G.

ALUNAN (University Dentist)

PR# 26-319-0427 04-27-26

INCOME 207-164-26-04 04-29-26

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	ONE (1) LOT	Drugs and Medicines for Dental Office use	1	Lot	86,528.00

Created by Rowena De la Vida Prado

Date Created 01/06/2026

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ITEM NO.	ITEM & DESCRIPTION (Pls. indicate brand offered)	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
ONE (1) LOT- DRUGS & MEDICINES					
1	ANESTHESIA - Dental Injection, 2% Xylocaine, 50's/box	10	box		
2	AMOXICILLIN - Antibiotic, 500mg/capsule, 100's/box	10	box		
3	BRUSH APPLICATOR - Bendable Dental Applicator Brush, 9-10mm, 100 pcs/unit	2	unit		
4	CLINDAMYCIN - Antibacterial, 300mg/capsule, 100 capsule/box	5	box		
5	CO-AMOXICLAV - Antibacterial, 625mg (500mg + 125mg Film-coated Tablet)	994	tablet		
6	FLOURIDE VARNISH - 10 ml tube, 50mg/ml, Dental Suspension, 2.26% (22,600ppm) Sodium Flouride	2	tube		
7	IBUPROFEN - Non-steriodal, Anti-Infammatory drug, 200mg/softgel cap	200	capsule		
8	MEFENAMIC ACID - Analgesic, 500mg/capsule, 100's/box	10	box		
TOTAL					
*****Nothing Follows*****					
TOTAL ABC = Php 86,528.00					
PROCUREMENT OF DENTAL DRUGS AND MEDICINES FOR THE DENTAL CLINIC USE - TALISAY CAMPUSES - M.G. ALUNAN (University Dentist)					
PR#	26-319-0427	04-27-26			
INCOME	207-164-26-04	04-29-26			

Date _____ By _____

Released (BAC) _____
 Returned (Supplier) _____

Printed Name/Signature _____

Tel. No./Cellphone No. _____

Date _____