Procuring Entity : City Government of Cagayan de Oro
Requisition Office : CITY HEALTH OFFICE


Purchase Request Number: 21-0824
Purchase Request Date: March 10, 2021
Approved Budget for the Contract: ₱57,000.00
PPMP Code: CHO21-DDTAPP 001

Republic of the Philippines
City Government of Cagayan de Oro
BIDS AND AWARDS COMMITTEE (BAC) - GOODS
City Hall, Cagayan de Oro City

**REQUEST FOR QUOTATION (NEGOTIATED 53.9 SMALL-VALUE OF THE 2016 RIRR OF RA 9184)**

**Supply & Delivery 57 bx(s) Drug Test Kit ; PR No. 21-0824 dated March 10, 2021.**

Date : March 31, 2021
Quotation No. : 0824-21

Company Name

Address

Please quote your lowest price on the item/s listed below, subject to the General Conditions on this page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 2:00PM on April 7, 2021 in the return envelope attached herewith.

By Authority of the BAC:

**TEODORO A. SABUGA-A, JR**
**BAC Chairperson**

**NOTE:**

1. **DELIVERY PERIOD WITHIN** **AS THE NEED ARISES**
2. **WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY;**
3. **PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS;**
4. **PhilGEPS REGISTRATION CERTIFICATE/NUMBER SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION;**
5. **SUBMIT CURRENT AND VALID MAYOR'S/BUSINESS PERMIT**
6. **SUPPLIERS FOR EQUIPMENT SHALL SUBMIT BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED; AND**
7. **DULY NOTARIZED OMNIBUS SWORN STATEMENT PRIOR ISSUANCE OF NOTICE OF AWARDS.**

| Item No. | ITEM & DESCRIPTION | BRAND & MODEL | QTY | UNIT PRICE |
|---|---|---|---|---|
| 1 | Drug Test Kit, 25's/box (pref.branded) | | 57 bx(s) | |
| | Specs: | | | |
| | Met Methamphetamine/shabu | | | |
| | Thc Tetrahydrocannabino/marijuana | | | |
| | x-x-x-x | | | |
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PhilGEPS Registration Number: _____

After having carefully read and accepted your General Conditions, I/we quoted you on the item at prices noted above.

_____
Printed Name / Signature / Designation

_____
Tel. No. / Cellphone No. / E-mail Address

_____
Date