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

page 1 of 1

Purchase Request Number: 21-0731

Purchase Request Date: February 19, 2021 Approved Budget for the Contract: ₱119,988.75

PPMP Code: CPSO21-021

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)

## PROCUREMENT OF 30 PCS. DOOR MAT/BATHROOM FLOOR MAT AND 14 OTHER ITEMS; PR NO. 21-0731; DATED **FEBRUARY 19, 2021**

|   | Date  | :      | April 5, 2021 |
|---|---|--------|---------------|
|   | Quotation No.   | :      | 0833-21       |
| Company Name  |   |        |               |
| Address   |   |        |               |
| Please quote your lowest price on the item/s listed b time of delivery and submit your quotation duly signed by in the return envelope attached herewith. | elow, subject to the General Conditions on this page, s<br>your representative not later than 2:00PM on  By Authority of the BAC  TEODORO A. SABUGA | ر<br>ر | pril 12, 2021 |
|   | BAC Chairperso  |        |               |
| NOTE:   | ·   |        |               |

- **SEVEN (7) CALENDAR DAYS** 1. DELIVERY PERIOD WITHIN
- 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        | Door mat / Bathroom Floor Mat:             |               | 30 Pcs.   |            |
| 2        | Pail 24 L:                                 |               | 20 Pc.    |            |
| 3        | Trashcan 15 L                              |               | 15 Pcs.   |            |
| 4        | Cake Deodorant                             |               | 100 Pcs.  |            |
| 5        | Nylon 250mm, (For Grasscutter)             |               | 20 Kl.    |            |
| 6        | Nozzle Hose (For Garden)                   |               | 5 Pcs.    |            |
| 7        | Grass Cutter/Garden Pruning Scissors       |               | 10 Pcs.   |            |
| 8        | Gardening Shovels (Pointed)                |               | 10 Pcs.   |            |
| 9        | Squeeze Mop/PVA Sponge Mop (Preferably     |               |           |            |
|          | Scotchbrite)                               |               | 40 Pcs.   |            |
| 10       | Floor Scrubbing/Polishing Pad (Heavy Duty) |               | 16 Pcs.   |            |
| 11       | Mop Head #500                              |               | 30 Pcs.   |            |
| 12       | Polyethylene Bag-large                     |               | 1000 Pcs. |            |
| 13       | Polyethylene Bag-XL                        |               | 1000 Pcs. |            |
| 14       | Soft Brooms (Heavy Duty)                   |               | 16 Pcs.   |            |
| 15       | Detergent Powder-Sachet: 65 grams          |               | 1800 Pcs. |            |
|          |  |               |           |            |
|          |  |               |           |            |
|          |  |               |           |            |
|          |  |               |           |            |

|  | 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. / Cellp | ohone No. / E-mai | Address |  |  |  |
|  |                               | •                                      |                  | Date              |         |  |  |  |