Procuring Entiry : City Government of Cagayan de Oro Requisition Office : JR BORJA GENERAL HOSPITAL

Purchase Request Number : 24-0520
Purchase Request Date : February 27, 2024
Approved Budget for the Contract : P71,000.00
PPMP code : JRBGH24-TF 020

Date: April 4, 2024

Republic of the Philippines City Government of Cagayan de Oro **BIDS AND AWARDS COMMITTEE** 

## **REQUEST FOR QUOTATION**

Project Name: Supply and delivery of 6 tanks Industrial Oxygen and 1 other item; PR 24-0520,dated February 27, 2024

Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised IRR of R.A. 9184)

Address  Please quote your best lowest price on the item/s listed below, subject to the Terms and Conditions on this page submit/return this Request for Quotation (RFQ) duly filled-out and signed by your authorized representative not later the of April 8, 2024.  By Authority of the BAC:  ATTY. JOEFFREY D. NAMALATY  City General Sylvices Officer  Terms and Conditions:  1. Delivery Period shall be within 20 catendar days.  2. Warranty shall be for a period of Three (3) months for supplies & materials; one (1) year for equipment, from the date of accessions by the procuring entity.  3. Price Validiy shall be for a period of Minety (90) calendar days.  4. The following shall be a period of Minety (90) calendar days.  4. The following shall be a segistration Number  2. Current and valid Mayor's Business Permit  3. Brochures of the product being offered for equipment/ vehicles/electronic devices/ appliances  4. Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thour (P60,000.00).  [Item No. ITEM & DESCRIPTION BRAND & MODEL QTY UNIT UNIT Industrial Oxygen Refill - PSI 1800 6 tank  2. Acetylene Refill - PSI 1800 6 tank  Total Amount in Words and Figures  After having carefully read and accepted your Terms and Conditions, I/we quoted you on the item/s at price/s quoted printed Name / Signature			<u> </u>	Quotatio	n No. : <b>041</b>	8-24	
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			Printed Name / Signature				
Tel. No. / Cellphone No. / E-mail A			Tel. No. /	Cellpho	one No. / E	-mail Address	

Date