

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

REQUEST FOR QUOTATION

Project Name: Procurement of One Hundred (100) pc. Tobramycin + Dexamethasone Eye Drops and 3 other items; PR NO. 24-0321 dated february 23, 2024
Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised IRR of R.A. 9184)

Date : **April 4, 2024**
Quotation No. : **0415-24**

Company Name

Address

Please quote your best lowest price on the item/s listed below, subject to the Terms and Conditions on this page and submit/return this Request for Quotation (RFQ) duly filled-out and signed by your authorized representative not later than **2:00 PM of April 8, 2024**.

By Authority of the BAC:


ATTY. JOEFFREY D. NAMALATA

City General Services Officer

Terms and Conditions:

1. **Delivery Period shall be within 30 calendar days.**
2. **Warranty shall be for a period of Three (3) months for supplies & materials; one (1) year for equipment, from the date of acceptance by the procuring entity.**
3. **Price Validity shall be for a period of Ninety (90) calendar days.**
4. **The following shall be attached upon submission of the quotation:**
 - 1) **PhilGEPS Registration 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 thousand pesos**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Tobramycin + Dexamethasone Eye Drops - 0.3% + 0.1% 5ml. Eye Drops		100	pc	
2	Hydroxypropylmethylcellulose - 2ml. Pre-Filled Syringe (PFS)		200	pc	
3	Tropicamide + Phenylephrine 5mg/5mg/1ml. - 10ml. Eye Drops		50	bottle	
4	Carbachol Intraocular Solution - 1ml.		100	vial	
Total Amount in Words and Figures					

PhilGeps Registration Number : _____

After having carefully read and accepted your Terms and Conditions, I/we quoted you on the item/s at price/s quoted above.

Printed Name / Signature

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

Date