Procuring Entity : City Government of Cagayan de Oro
Requisition Office : CITY DISASTER RISK REDUCTION AND MANAGEMENT DEPARTMENT

Purchase Request Number: 21-1597
Purchase Request Date: May 31, 2021
Approved Budget for the Contract: ₱325,330.00
PPMP Code: CDRR21-LDRRMF024

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 289 pack Gauze Pas 4x4, Non Sterile & other items; PR No. 21-1597 dated May 31, 2021.

Date : June 17, 2021
Quotation No. : 1341-21

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 June 24, 2021 in the return envelope attached herewith.

By Authority of the BAC:

TEODORO A. SABUGA-A, JR
BAC Chairperson

NOTE:

1. **DELIVERY PERIOD WITHIN SEVEN (7) CALENDAR DAYS**
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	Gauze Pas 4x4, Non Sterile		289 pack	
2	Normal Saline Solution, 1000ml		60 bottle	
3	Gdigital Thermometer		14 pc	
4	Oxygen Face Mask, Adult		200 pc	
5	Clean Gloves		50 box	
6	Oxygen Nasal Cannula		100 pc	
7	C-Collar		10 pc	
8	Medical Oxygen Gauge Regulator		25 pc	
9	Pule Oximeter		10 pc	
10	Digital Blood Pressure Monitor		20 pc	
	*** Please see attached Technical Specification**			
	x-x-x-x			

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