Requisitioning Office : SPKAG-GAANE

Procurring Entity : City Government of Cagayan de Oro

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Purchase Request Number: 22-1725

Purchase Request Date: May 27, 2022

Approved Budget for the Contract: ₱76,532.50

PPMP Code: SPKAG/MLG22-001

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 and Delivery of 250 box Disposable Facemask & others; PR No. 22-1725 dated May 27, 2022

Date : August 18, 2022

Quotation No. : 1140-22

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 5:00PM on August 25, 2022 in the return envelope attached herewith.

By Authority of the BAC:

ATTY. PERCY G. SALAZAR
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	Disposable Facemask: 3 ply		250 box	
2	70% Isoprophyl Alcohol, 1 gal: Antiseptic disin-		50 gal	
	fectant with moisturizer			
3	Antibacterial Liquid hand soap:		85 gal	
	cleans and moisturize with vitamin E, 1 gallon			
	x-x-x-x-x-x-x-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