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

Purchase Request Number: 21-0984 Q1
Purchase Request Date: March 26, 2021
Approved Budget for the Contract: ₱95,000.00
PPMP Code: CHO21-MCH-003

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 50pcs. Kidney basin and Other Items; PR No. 21-0984 dated March 30, 2021.

Date : April 23, 2021
Quotation No. : 0956-21

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 April 30, 2021 in the return envelope attached herewith.

By Authority of the BAC:

MR. 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	Kidney basin stainless size 20.5 x 10.8 x 4 cm		50 pc(s)	
2	Mosquito forceps (curve)		100 pc(s)	
3	Scalpel holder		50 pc(s)	
4	Scalpel blade		2500 pc(s)	
	x-x-x-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