

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)

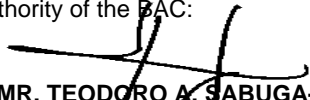
Supply and Delivery of 50 kits(s) TB-Medicines and Other Items; PR No. 21-1029 dated March 10, 2021.

Date : April 27, 2021
Quotation No. : 1003-21

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 May 4, 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	TB-Medicines for Category 1 (Intensive Phase)		50 kit(s)	
	Rifampicin 150mg			
	Isoniazid 75mg			
	Pyrazinamide 400mg			
	Ethambutol 275mg			
2	TB-Medicines for Category 1 (Maintenance Phase)		70 kit(s)	
	Rifampicin 150mg			
	Isoniazid 75mg			
3	TB in Children (Intensive Phase) HRZE Pedia Kit		50 kit(s)	
	Rifampicin 200mg/5ml x 120ml			
	Isoniazid 200mg/12ml x 120ml			
	Pyrazinamide 500mg/5ml x 120ml			
4	TB in Children (Maintenance Phase) HR Pedia Kit		68 kit(s)	
	Rifampicin 200mg/5ml x 120ml			
	Isoniazid 200mg/12ml x 120ml			
5	Purified Protein Derivatives (TST) Multi-dose Vial		30 vial(s)	
	x-x-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