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

Purchase Request Number: 21-1028 Q1
Purchase Request Date: March 26, 2021
Approved Budget for the Contract: ₱102,080.00
PPMP Code: CHO21-MCH 002

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 20 box(s) Clean Gloves and Other Items; PR No. 21-1028 dated March 26, 2021.

Date : April 27, 2021
Quotation No. : 1004-21

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	Clean Gloves size 7, 100's/box		20 box(s)	
2	Clean Gloves size 7 1/2, 100's/box		20 box(s)	
3	Clean Gloves size 6, 100's/box		20 box(s)	
4	Plaster: Adhesive, hypoallergenic		104 roll(s)	
5	Catheter foley bag		92 pc(s)	
6	Catheter suction: french 14		90 pc(s)	
7	Catheter suction: french 8		90 pc(s)	
8	Umbilical cord clamp, box of 100's		30 box(s)	
	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