Procuring Entity : City Government of Cagayan de Oro
Requisition Office : CITY EQUIPMENT DEPOT

Purchase Request Number: 21-1278
Purchase Request Date: April 29, 2021
Approved Budget for the Contract: ₱101,200.00
PPMP Code: DEPOT21-08

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 2 pcs Bottle Jack 30 tons; PR No. 21-1278 dated April 29, 2021.

Date : May 19, 2021
Quotation No. : 1159-21

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 26, 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	Bottle Jack 30 tons		2 pc	
2	Bottle Jack 20 tons		1 pc	
3	Pipe wrench #24		2 pc	
4	Chain block 3 tons		1 pc	
5	Drum pump		5 pc	
6	Tire wrench #41		2 program	
7	Tire wrench #32		2 pc	
8	Electrode Holder 300 Amp.		2 pc	
	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