

Republic of the Philippines
City Government of Cagayan de Oro
BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

Project Name: Supply and delivery of 2 kits Triglycerides/Test kit 300's and 9 other items; PR 24-0111,dated February 1, 2024

Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised IRR of R.A. 9184)

Date : **February 16, 2024**
Quotation No. : **1038-24**

Company Name

Address

Please quote your best lowest price on the item/s listed below, subject to the Terms and Conditions on this page and submit/return this Request for Quotation (RFQ) duly filled-out and signed by your authorized representative not later than **2:00 PM of February 21, 2024** .

By Authority of the BAC:


ATTY. JOEFFREY D. NAMALATA

City General Services Officer

Terms and Conditions:

1. **Delivery Period shall be within 15 calendar days.**
2. **Warranty shall be for a period of Three (3) months for supplies & materials; one (1) year for equipment, from the date of acceptance by the procuring entity.**
3. **Price Validity shall be for a period of Ninety (90) calendar days.**
4. **The following shall be attached upon submission of the quotation:**
 - 1) **PhilGEPS Registration Number**
 - 2) **Current and valid Mayor's/Business Permit**
 - 3) **Brochures of the product being offered for equipment/ vehicles/electronic devices/ appliances**
 - 4) **Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thousand pesos**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Triglycerides - test kit 300's		2	kit	
2	Direct HDL - test kit 300's		2	kit	
3	Uric Acid - test kit 300's		2	kit	
4	BUN - test kit 300's		2	kit	
5	SGOT/AST - test kit, 300's		2	kit	
6	ALT/SGPT - test kit, 250's		2	kit	
7	Alkaline Phosphatase - test kit 300's		2	kit	
8	Magnesium - test kit 90's		2	kit	
9	Phosphotous - test kit 300's		2	kit	
10	Blood Gas - test kit, Opti CCA Cassette B 25's (NOTE: ITEM 1-10 WITH FREE USE OF BRAND NEW RE-AGENT MACHINES)		1	box	

PhilGeps Registration Number : _____

After having carefully read and accepted your Terms and Conditions, I/we quoted you on the item/s at price/s quoted above.

Printed Name / Signature

Tel. No. / Cellphone No. / E-mail Address

Date