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

Purchase Request Number : 25-2055
Purchase Request Date : May 8, 2025
Approved Budget for the Contract : P942,200.00
PPMP code : CHIO25-TF107

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

## **REQUEST FOR QUOTATION**

Project Name: Supply and Delivery of 720 bottles of Clarithromycin and Other Items; PR No. 25-2055 dated May 8, 2025 Method of Procurement: NP - 53.9 Small Value Procurement

			Date: <b>June 13, 2025</b> Quotation No.: <b>1215-25</b>				
Cor	npany Nam	е		<b>Q</b> uotatio			
<u> </u>							
Add	ress						
	Pleasemit/return June 18, 2	e quote your best lowest price on the item/s listed below this Request for Quotation (RFQ) duly filled-out and signorms.	w, subject to the Terms gned by your authorized	and Con I represe	nditions on entative no	this page and t later than <b>2:00 PM</b>	
					1		
	By Authority of the BAC:						
						MALATA	
			ATTY. JOEFFREY D. NAMALATA  City General Services Officer				
Terms and Conditions:			Oil.	y Contra	i ogivioco c	7111001	
1.		Period shall be within 30 calendar days.					
3. 4.							
	Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE	
	1	Clarithromycin 125mg/5ml, 50ml Suspension - 50 mL Oral Suspension Bottle		720	bottle		
	2	Clarithromycin 500mg tablet - 500 mg Tablet, box of 100's		400	box		
	3	Prednisone 10mg 10 mg tablet , Box of 100's		200	box		
	4	Prednisone 10mg/5ml suspension, 60 mL		720	bottle		
	5	Cefalexin 100mg/ml granules/powder for drops, 10 mL		432	bottle		
	6	Cefixime 200mg tablet, box of 100's - capsule, box of 10's		800	box		
	7	Prednisone 20mg 20 mg tablet , Box of 100's		100	box		
	Total Am	ount in Words and Figures					
	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.						
	Alter Havi	ing carcially read and accepted your remis and condi-	ions, i we quoted you o	ii tiio itoi	m/s at pho	c/3 quoteu above.	
		Printed Name / Signature					
		Tel. No. / Cellphone No. / E-mail Address					

Date