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

Purchase Request Number:
Purchase Request Date:
Approved Budget for the Contract:
PPMP code:

23-2466
July 18, 2023
P250,070.00
VET23-119

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

## **REQUEST FOR QUOTATION**

Project Name: Supply & Delivery 10 liter Ferbendazole & other items; PR No. 23-2466 dated July 18, 2023

Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised

IRR of R.A. 9184)									
Company Nam	ne	-	Quotatio	Date : Aug n No. : 184	gust 29, 2023  3-23				
		_							
Address									
	te quote your best lowest price on the item/s listed be this Request for Quotation (RFQ) duly filled-out and er 1, 2023.								
		By Authority of the B							
		ATTY.	JOEFFF	REY D. NAN	MALATA				
		Ci	ty Genera	I Services Of	ficer				
Terms and	Conditions:			•					
<ol> <li>Warranty shall be for a period of Three (3) months for supplies &amp; materials; one (1) year for equipment, from the date of acceptance by the procuring entity.</li> <li>Price Validity shall be for a period of Ninety (90) calendar days.</li> <li>The following shall be attached upon submission of the quotation:         <ol> <li>PhilGEPS Registration Number</li> <li>Current and valid Mayor's/Business Permit</li> <li>Brochures of the prodcuct being offered for equipment/ vehicles/electronic devices/ appliances</li> <li>Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thousand pesos (₱50,000.00).</li> </ol> </li> </ol>									
Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE				
1	Fenbendazole - Liquid Dewormer		10	liter					
2	Zoletil - 5ml, Injectable		20	vial					
3	Oxytetracycline - LA, 100ml/btls, Injectable		5	bottle					
4	Amoxicillin - LA, Injectable, 100ml/btls		9	bottle					
5	Kennel Cough Vaccine - 1ml, Injectable		50	vial					
6	Xylazine 50ml - Injectable		5	vial					
7	Enrofloxacin WSP/ Oral Solution - WSP		3	kg					
8	Lincomycin + Spectinomycin WSP - WSP		4	kg					
9	Marbofloxacin 20mg/ml injectable - 100ml/btls, Injectable		3	bottle					
10	Disposable Syringe 3ml - 100 pcs/box		11	box					
11	Ivermectin - injectable, 100ml/btls		5	bottle					
12	DHPPiLCL - vaccine, 1ml/vial		50	vial					
		PhilGeps Registr	ation Nu	mber:					

'	TillGeps (Tegistration 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

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

Purchase Request Number : 23-2466
Purchase Request Date : July 18, 2023
Approved Budget for the Contract : PPMP code : PET23-119

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

## **REQUEST FOR QUOTATION**

Project Name: Supply & Delivery 10 liter Ferbendazole & other items; PR No. 23-2466 dated July 18, 2023

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

(₱50,000.00).							August 29, 2023				
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 of September 1, 2023.  By Authority of the BAC:  ATTY. JOEFFREY D. NAMALATA  City General Services Officer  Terms and Conditions:  1. Delivery Period shall be within 7 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.  1. The following shall be attached upon submission of the quotation:  1) PhiloEPS Registration Number  2) Current and valid Mayor's/Business Permit  3) Brochures of the producute being offered for equipment/ vehicles/electronic devices/ appliances  4) Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thousand per (P50,000.00).  Item No. ITEM & DESCRIPTION BRAND & MODEL QTY UNIT UNIT PRICE 13 DHPPiL - vaccine, 1ml/vial 50 vial 10 vial 15 Infectious Coryza Vaccine (1,000dose/vial) - 1000 1 vial 10 vial 15 Infectious Coryza Vaccine (1,000dose/vial) - 1000 1 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 10 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 10 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 10 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 10 vial 10 vial 17 IBD Live Vaccine - 1000 dose/vial 10 vial 10 vi	Com	pany Nam	ne	1	Quotatio	n No. :	1843-23				
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13       DHPPiL - vaccine, 1ml/vial       50       vial         14       ND + IB Live Vaccine - 2000 doses/vial       10       vial         15       Infectious Coryza Vaccine (1,000dose/vial) - 1000 dose/vial       1       vial         16       Mycoplasma - live/killed/freez/dried, 1000 dose/vial       1       vial         17       IBD Live Vaccine - 1000 dose/vial       10       vial	<ol> <li>Warranty shall be for a period of Three (3) months for supplies &amp; materials; one (1) year for equipment, from the date of acceptance by the procuring entity.</li> <li>Price Validity shall be for a period of Ninety (90) calendar days.</li> <li>The following shall be attached upon submission of the quotation:         <ol> <li>PhilGEPS Registration Number</li> <li>Current and valid Mayor's/Business Permit</li> <li>Brochures of the product being offered for equipment/ vehicles/electronic devices/ appliances</li> <li>Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thousand pesos</li> </ol> </li> </ol>										
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15 Infectious Coryza Vaccine (1,000dose/vial) - 1000 dose/vial  16 Mycoplasma - live/killed/freez/dried, 1000 dose/vial  17 IBD Live Vaccine - 1000 dose/vial  10 vial		13	DHPPiL - vaccine, 1ml/vial		50	vial					
dose/vial  16 Mycoplasma - live/killed/freez/dried, 1000 dose/vial  17 IBD Live Vaccine - 1000 dose/vial  18 Vial  19 Vial		14	ND + IB Live Vaccine - 2000 doses/vial		10	vial					
17 IBD Live Vaccine - 1000 dose/vial 10 vial		15			1	vial					
		16	Mycoplasma - live/killed/freez/dried, 1000 dose/vial		1	vial					
18 ND + IB + IC + EDS Vaccine - 1000 dose/vial, killed 1 vial		17	IBD Live Vaccine - 1000 dose/vial		10	vial					
vaccine		18			1	vial					
19 Fowlpox Vaccine (1,000 dose/Vial) - live vaccine 10 vial		19	Fowlpox Vaccine (1,000 dose/Vial) - live vaccine		10	vial					
		After hav	ing carefully read and accepted your Terms and Condit	PhilGeps Registr			price/s quoted above.				

Printed Name / Signature

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

Date