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

page 1 of 2

Purchase Request Number: 21-0748

Purchase Request Date: January 25, 2021
Approved Budget for the Contract: \$\mathbb{P}\$335,000.00

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

Date

PPMP Code: CHIO21-TF002

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 Freezer 6 cu. ft. & Other Items; PR No. 21-0748 dated January 25, 2021

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 March 29, 2021 in the return envelope attached herewith.  By Authority of the BAC  TEODORO A SABUGA-A, JR.  BAC Chairperson			Date	;_	March 26, 2021
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 March 29, 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. PINICEPS REGISTRATION CERTIFICATE/MUNBER 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 TO ISSUANCE OF NOTICE OF AWARD.  Item No. ITEM & DESCRIPTION BRAND & MODEL QTY UNIT PRICE  1. Freezer 6 Culft (smart inverter compressor)  2. Vear Warranty on Shelves, 1 Drawer  6. Evaporator Shelves, 1 Drawer  9. Dimension: 525x1290x615mm  Wattage: 85 Watts  1 for EREID Facility Kitchen  1 (10 Year Warranty on Compressor)  2. Year Warranty on Parts and Service  2. Refrigerator 9.6 cu.ft (Smart Inverter Compressor)  2. Year Warranty on Parts and Service  3. 55" Smart TV  HD Upright Preezer  Capacity: 272 liters (gross) / 254 liters (net)  1 for EREID Facility Kitchen  1 (10 Year Warranty on Parts and Service  3. 55" Smart TV  HD Upright Presson  After having carefully read and accepted your General Conditions, I/we quoted you on the item at prices noted above.			Quo	tation No. :	0774-21
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3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS; 4. Philigeps 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 to issuance of notice of award.  Item No.			-	,	
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 TO ISSUANCE OF NOTICE OF AWARD.  Item No.		•	·		
S. 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 TO ISSUANCE OF NOTICE OF AWARD.  Item No. ITEM & DESCRIPTION BRAND & MODEL QTY UNIT PRICE  1 Freezer 6 cu.ft (smart inverter compressor) 1 unit  Upright Freezer     6 Evaporator Shelves, 1 Drawer  Dimension: 525x1290x615mm		•		E QUOTATION:	
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