

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 IRR OF RA 9184)
Supply and Delivery of 2 Units Laryngoscope and other items; PR No. 22-2915 dated 31 August 2022.

Date : **October 21, 2022**
Quotation No. : **2071-22**

Company Name

Address

Please quote your lowest price on the item/s listed below, subject to the Terms and Conditions on this page and duly submit/return this Request for Quotation (RFQ) duly filled-out and signed by your representative not later than **2:00 PM October 28, 2022** in the return envelope attached herewith.

By Authority of the BAC:


ATTY. PERCY G. SALAZAR

BAC Chairperson

Terms and Conditions:

- DELIVERY PERIOD: WITHIN 7 CALENDAR DAYS.**
- WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES & MATERIALS; ONE (1) YEAR FOR EQUIPMENT/ELECTRONIC DEVICES/APPLIANCES FROM THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY.**
- PRICE VALIDITY SHALL BE FOR A PERIOD OF NINETY (90) CALENDAR DAYS.**
- THE FOLLOWING SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:**
 - PhilGeps REGISTRATION CERTIFICATE**
 - CURRENT AND VALID MAYOR'S/BUSINESS PERMIT**
 - BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED FOR EQUIPMENT/ELECTRONIC DEVICES/APPLIANCES**
 - OMNIBUS SWORN STATEMENT (DULY NOTARIZED), FOR APPROVED BUDGET FOR THE CONTRACT (ABC) ABOVE FIFTY THOUSAND PESOS (P50,000.00)**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Laryngoscope - Pedia Blade MAC 1		2	unit	
2	Laryngoscope - Laryngoscope Pedia Blade MAC 0		2	unit	
3	Triple Lumen - Hemodialysis Catheter Fr.12x16 cm		4	pc	
4	Electrodes - Adult, 50's/pack		50	pack	
5	Electrodes - Pedia, 50's/pack		50	pack	
6	Probe - for Pulse Oximeter - Adult		100	pc	
7	Probe - for Pulse Oximeter Pedia/Neonate		100	pc	

PhilGeps Registration Number : _____

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

Printed Name / Signature

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

Date