

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 900 Kits Disposable Medical Protective Coverall Surgical Clothing Suit; PR No. 22-4035 dated 17 November 2022.**

Date : **January 4, 2023**
Quotation No. : **2831-22**

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 January 9, 2023** in the return envelope attached herewith.

By Authority of the BAC:


ATTY. PERCY G. SALAZAR

BAC Chairperson

Terms and Conditions:

- DELIVERY PERIOD: WITHIN 15 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 | High Quality Non-Woven Microporous Disposable Medical Protective Coverall Surgical Clothing Suit - DISPOSABLE MEDICAL PROTECTIVE COVERALL SURGICAL CLOTHING SUIT 1 CoverAll Suit, 1 shoecover, 1 bouffant cap Waterproof, Water Resistant, Weatherproof, Wind Resistant, Cut-Resistant, Anti-Static Certification: EEC Directice and EC type testing Preferred: (600 pcs.) XXLarge, (300 pcs.) XXXLarge | | 900 | kit | |

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