

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

REQUEST FOR QUOTATION

Project Name: Supply and delivery of 500 pcs Intravenous Administration Set and 15 other items; PR 24-0833, dated March 18, 2024
Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised IRR of R.A. 9184)

Date : April 4, 2024
Quotation No. : 0422-24

Company Name

Address

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 PM of April 8, 2024**.

By Authority of the BAC:

ATTY. JOEFFREY D. NAMALATA

City General Services Officer

Terms and Conditions:

1. Delivery Period shall be within 30 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.
4. The following shall be attached upon submission of the quotation:

1) PhilGEPS Registration Number

2) Current and valid Mayor's/Business Permit

3) Brochures of the product being offered for equipment/ vehicles/electronic devices/ appliances

4) Omnibus Sworn Statement (duly notarized), for Approved Budget for the Contract (ABC) above fifty thousand pesos

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Intravenous Administration Set - Adult		500	pc	
2	Intravenous Administration Set - Pedia		500	pc	
3	Bacterial Filter - for Anesthesia		25	pc	
4	Infusion Set with Burnette - (Soluset)		200	pc	
5	Hemogluco Strip - with free use of Glucometer (HGTs)		1280	pc	
6	Intravenous Cannula - G-18		100	pc	
7	Intravenous Cannula - G-24		75	pc	
8	Intravenous Cannula - G-26		50	pc	
9	Nasal Oxygen Cannula - Pedia		50	pc	
10	Nebulization set - Adult		50	pc	
11	Nebulization set - Pedia		50	pc	
12	Needle Spinal - G-25		25	pc	

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.

Printed Name / Signature

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

Date

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Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
13	Stop Cock - 3-way		20	pc	
14	Surgeon Gloves - no. 6 1/2 50's non-powdered		20	box	
15	Surgeon Gloves - no. 7.0 50's non-powdered		20	box	
16	Surgeon Gloves - no. 7.5 50's non-powdered		20	box	
Total Amount in Words and Figures					

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Date