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

Purchase Request Number: 21-2446
Purchase Request Date: August 20, 2021
Approved Budget for the Contract: ₱528,110.00
PPMP Code: CHO21-STD 002

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 446 box Azithromycin (as Dihydrate) 500mg Tabs x 3's B/F & others; PR No. 21-2446 dated August 20, 2021

Date : October 8, 2021
Quotation No. : 2224-21

Company Name

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 October 15, 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. **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 ISSUANCE OF NOTICE OF AWARDS.**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT PRICE
1	Azithromycin (as Dihydrate) 500mg Tabs x 3's		446 box	
	B/F (pref.branded)			
2	Cefalexin (as Monohydrate) 500mg Caps x		400 box	
	B/F : 100's/box			
3	Co-Amoxiclav (Amoxicillin+Potassium Clavunate)		245 box	
	625mg tabs x 20's B/F			
4	Cefuroxime 500mg Tablet box of 10's		389 box	
5	Clarithromycin 500mg Capsule x 30's		7 box	
6	Ciprofloxacin HCl 500mg. Tablet, 100's/box		8 box	
7	Cloxacillin (as Sodium) - 500 mg Capsule :		150 box	
	100's/box			
	x-x-x-x-x-x-x-x-x-x-x-x-x-x			

PhilGEPS Registration Number: _____

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

_____
Printed Name / Signature / Designation

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

_____
Date