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

Purchase Request Number: 21-2908
Purchase Request Date: September 30, 2021
Approved Budget for the Contract: ₱131,247.00
PPMP Code: CHO21-NUTRI 012

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 4861 bottle Multivitamins; PR No. 21-2908 dated September 30, 2021

Date : November 10, 2021
Quotation No. : 2458-21

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 November 17, 2021 in the return envelope attached herewith.

By Authority of the BAC:

TEODORO A. SABUGA-A, JR.
BAC Chairperson

NOTE:

1. **DELIVERY PERIOD WITHIN THIRTY (30) 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	Multivitamins (per 5mlsyrup) (Vit. A-350-400		4861 bottle	
	mcgs, Vit B1-0.5-1.0mg., VitB2-0.7-0.9mg.,			
	VitB6-0.9-1.6mg, VitB12 0.9-3.0mcgs, VitC-35-			
	VitD-200400l, VitE-5-7mg, Nicain-5-18mg,			
	Folicacid 40-300mcgs, x 60m			
	x-x-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