

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 5 bottle Vitamin Ade 100ml per bottle and others; PR No. 21-2988 dated October 5, 2021


Date : November 12, 2021
Quotation No. : 2442-21

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 19, 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	Vitamin ADE 100ml per bottle		5 bottle	
2	Dexamethazone 100ml per bottle		1 bottle	
3	Dinoprost Tromethamine 5mg/ml vial		3 vial	
4	B Complex Injectable, 100cc per ml		4 vial	
5	AMOXICILLIN LA INJECTABLE (100cc)		3 vial	
6	Oxytocin 20 IU/ml 5ml		10 vial	
7	Sulfadoxine Trimethoprim 100ml, Injectable		4 vial	
8	Terramycin LA 100cc injectable		5 vial	
9	Albendazole 1kg per bottle		5 liter	
10	Disposable Syringe 3ml, 100 pcs per box		20 box	
11	Ivermectin 100cc, Injectable		9 vial	
12	Enrofloxacin Injectable 100cc		5 vial	
13	Marbofloxacin 20mg/ml injectable		4 bottle	
14	Dichofenthliol Wound Spray 86 grams bottle		9 bottle	
	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