

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

REQUEST FOR QUOTATION

Project Name: Supply and Delivery of Amoxicillin and other items; PR No. 24-4720 dated October 28, 2024.
Method of Procurement: NP - 53.9 Small Value Procurement

Date : **March 21, 2025**
Quotation No. : **0376-25**

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 March 26, 2025**.

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 (P50,000.00).**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Amoxicillin - (as trihydrate) 500 mg capsule, box of 100's		500	box	
2	Amoxicillin - (as trihydrate) 100 mg/mL granules/powder for drops (suspension), 15 mL		1440	bottle	
3	Amoxicillin - (as trihydrate) 250 mg/5 mL granules/powder for suspension, 60 mL		2880	bottle	
4	Cefalexin 250mg/5ml. - granules/powder for syrup/suspension, 60 mL		1440	bottle	
5	Cefalexin - 500mg Capsule, Box of 100's		400	box	
6	Mefenamic Acid - 500mg Capsule , Box of 100's		400	box	
7	Clarithromycin 250mg/5ml. - 50 mL Oral Suspension Bottle		288	bottle	
8	Clarithromycin 500mg. - Tablet, box of 100's		150	tablet	
Total Amount in Words and Figures					

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