

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

**REQUEST FOR QUOTATION**

**Project Name: Supply and Delivery of 800 boxes of Lagundi and Other Items; PR No. 25-1893 dated April 24, 2025.**  
**Method of Procurement: NP - 53.9 Small Value Procurement**

Date : **May 9, 2025**  
Quotation No. : **0960-25**

\_\_\_\_\_  
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 May 15, 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	Lagundi [Vitex negundo L.] - 300mg tablet, Box of 100's		800	box	
2	Lagundi [Vitex negundo L.] - 600mg tablet, Box of 100's		1000	box	
3	Lagundi [Vitex negundo L.] - 300 mg/5 mL syrup, 60 mL		5760	bottle	
4	Montelukast 10mg. - (as sodium salt) 10mg tablet, box of 100's		500	box	
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