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

Purchase Request Number : **25-1828**
Purchase Request Date : **April 22, 2025**
Approved Budget for the Contract : **P149,895.90**
PPMP code : **CHO25-MCP 006**

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

REQUEST FOR QUOTATION

Project Name: Supply and Delivery of Permethrin; PR No. 25-1828 dated April 22, 2025.
Method of Procurement: NP - 53.9 Small Value Procurement

Date : **July 31, 2025**
Quotation No. : **1817-25**

_____
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 August 5, 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 prodcuct 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 (₱50,000.00).**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Permethrin 5%, 60ml Lotion - .		721	bottle	
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