Procuring Entity : City Government of Cagayan de Oro Requisition Office : J.R. BORJA GENERAL HOSPITAL

equisition Office: J.R. BORJA GENERAL HOSPITA page 1 of 1 Purchase Request Number: 22-1262

Date

Quotation No.

Tel. No. / Cellphone No. / E-mail Address

Date

Purchase Request Date: APRIL 13, 2022
Approved Budget for the Contract: ₱730,000.00

PPMP Code: JRBGH22-GF 017

JANUARY 13, 2023 142R-2022

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 Medical, Dental and Laboratory Supplies (Lot No. 1); PR No. 22-1262 dated April 13, 2022; SN 142 - 2022

Company	Name		-		
Address					
Plea	se quote your lowest price on the item/s listed below, sub	iect to the General Conditions	on this name statin	na the shortest	
me of de	livery and submit your quotation duly signed by your repr	=		NUARY 18, 2023	
ine rett	ırn envelope attached herewith.	Du Authority of th	o DAC:		
	By Authority of the BAC:				
		ATTY. PERCY 6. SALAZAR			
		BAC Chairperson			
OTE:					
	VERY PERIOD WITHIN SEVEN (7) CALENDAR DAYS				
	RANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS F		NE (1) YEAR FOR		
	IPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURIN				
	E VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DA	•	E THE OHOTATIONS		
	GEPS REGISTRATION CERTIFICATE/NUMBER SHALL BE AT MIT CURRENT AND VALID MAYOR'S/BUSINESS PERMIT	I WOUED OLON 20RMI99ION O	FINE QUUIAIIUN;		
	PLIERS FOR EQUIPMENT SHALL SUBMIT BROCHURES SH	OWING CERTIFICATIONS OF TH	E PRODUCT REING	OFFERED: AND	
	Y NOTARIZED OMNIBUS SWORN STATEMENT PRIOR ISSU		IL I KODOCI BLING	OIT LIKED, AND	
			OTV I	LINIT DDICE	
em No.	ITEM & DESCRIPTION Alkytriamine / Alkytriamine Cationic 2.5% (Trigger	BRAND & MODEL	QTY 10 bottle	UNIT PRICE	
'	Spray)		TO DOLLIE		
2	Alkytriamine 5 mins. High-level surface disinfectant		5 gal		
	/ with lemon scent 5% fixed dose 5L		- g		
3	Alkytriamine Cationic 2.5% EDS, Instrument		10 gal		
	Soaking Solution HLD Hospital Grade / (EDS)				
	X-X-X-X-X-X-X-X-X				
•					
		<b>+</b>			
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	Dhilospo Danistration Number				
	PhilGEPS Registration Number:				
	After having carefully read and accepted your General C	onditions, I/we quoted you on	the item at prices no	oted above.	
		Printed Name	e / Signature / Desi	gnation	