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

Purchase Request Number : 22-2449
Purchase Request Date : Approved Budget for the Contract : P350,479.80
PPMP code : CHO22-NCD 003

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 IRR OF RA 9184) Supply and Delivery of 152 box Amlodipine 10mg & 9 others; PR No. 22-2449 dated August 2, 2022

				Quotation		vember 24, 2022			
Con	npany Nam	е							
Add	lress								
	mit/return	e quote your lowest price on the item/s listed below, su this Request for Quotation (RFQ) duly filled-out and sig e return envelope attached herewith.							
			By Authority of the BAC: ATTY. PERCY G. SAVAZAR BAC Chairperson						
				BACC	hairperson				
er	ms and (Conditions:							
 !-	EQUIPM PRICE V THE FO	IENT/ELECTRONIC DEVICES/APPLIANCES FROM THE DA 'ALIDITY SHALL BE FOR A PERIOD OF NINETY (90) CALE LLOWING SHALL BE ATTACHED UPON SUBMISSION OF 1) Philgeps registration certificate 2) Current and Valid Mayor's/Bsiness Permit 3) Brochures Showing Certifications of the Devices/Appliances	BE ATTACHED UPON SUBMISSION OF THE QUOTATION: EGISTRATION CERTIFICATE ND VALID MAYOR'S/BSINESS PERMIT S SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED FOR EQUIPMENT/ELECTRONIC PLIANCES NORN STATEMENT (DULY NOTARIZED), FOR APPROVED BUDGET FOR THE CONTRACT (ABC) ABOVE						
	Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE			
	1	Amlodipine 10mg (as besilate) tablet x 100's B/F - 100's/box		152	box				
	2	Amlodipine 5mg (as besilate/camsylate) tablet x 100's B/F - 100's/box		100	box				
	3	Gliclazide 80mg. Tablet, 100's/box - 100's/box		150	box				
	4	Metformin HCl 500mg. Tablet, 100's/box - 100's/box		100	box				
	5	Losartan (as potassium salt) 50mg tablet x 100's B/F - 100's/box		100	box				
	6	Losartan (as potassium salt) 100mg tablet x 100's B/F - 100's/box		150	box				
	7	Aspirin 80mg. Tablet, 100's/box - 100's/box		100	box				
	8	Enalapril 5mg. Tablet, 100's/box - 100's/box		100	box				
	9	Atorvastatin Calcium 20mg Tabs x 100's - 100's/box		226	box				
	PhilGeps Registration Number :								
	After hav	ing carefully read and accepted your Terms and Condit	ions. I/we quoted you o	on the ite	m at prices	quoted above.			
			Printed Name / Signature						
	Tel. No. / Cellphone No. / E-mail Address								

Date

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

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			Date: November 24, 2022 Quotation No.:						
Cor	npany Nan	ne							
Ado	Iress								
	mit/returr	se quote your lowest price on the item/s listed below, substitution this Request for Quotation (RFQ) duly filled-out and signification envelope attached herewith.							
			By Authority of the BAC: ATTY. PERCY G. SALAZAR						
				BAC C	hairperson				
]. 2. 3. 1.	DELIVERY PERIOD: WITHIN 7 CALENDAR DAYS. WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES & MATERIALS; ONE (1) YEAR FOR EQUIPMENT/ELECTRONIC DEVICES/APPLIANCES FROM THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY. PRICE VALIDITY SHALL BE FOR A PERIOD OF NINETY (90) CALENDAR DAYS. THE FOLLOWING SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION: 1) Philogeps registration certificate 2) CURRENT AND VALID MAYOR'S/BSINESS PERMIT 3) BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED FOR EQUIPMENT/ELECTRONIC DEVICES/APPLIANCES 4) OMNIBUS SWORN STATEMENT (DULY NOTARIZED), FOR APPROVED BUDGET FOR THE CONTRACT (ABC) ABOVE FIFTY THOUSAND PESOS (\$\frac{1}{2}\$50,000.00)								
	Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE			
	10	Metoprolol Tartrate 50mg. Tablet, 100's/box - 100's/box		100	box				
			PhilGeps Registra	ation Nur	mber :				
	After having carefully read and accepted your Terms and Conditions. I/we quoted you on the item at prices quoted above.								
			P	Printed Name / Signature					
		Tel. No. / Cellphone No. / E-mail Address							
					Date				