Procuring Entiry : City Government of Cagayan de Oro Requisition Office : JR BORJA GENERAL HOSPITAL

Purchase Request Number : 22-3155
Purchase Request Date : September 19, 2022
Approved Budget for the Contract : P409,180.00
PPMP code : JRBGH22-TF 133

## 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 2000 vial Omeprazole & 20 other items; PR No. 22-3155 dated September 19, 2022

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	mit/return	e quote your lowest price on the item/s listed below, su this Request for Quotation (RFQ) duly filled-out and sig he return envelope attached herewith.							
				By Authority of the BAC:  ATTY. PERCY G. SAVAZAR  BAC Chairparts					
				BAC (	Chairpersor				
er	ms and (	Conditions:							
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) PhilGEPS REGISTRATION CERTIFICATE  2) CURRENT AND VALID MAYOR'S/BSINESS PERMIT  3) BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED FOR EQUIPMENT/ELECTROPY DEVICES/APPLIANCES  4) OMNIBUS SWORN STATEMENT (DULY NOTARIZED), FOR APPROVED BUDGET FOR THE CONTRACT FIFTY THOUSAND PESOS (₱50,000.00)									
	Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE			
	1	Omeprazole - 40mg. (Injectable)		2000	vial				
	2	Ketorolac Trometamol - 30mg/ml. (Injectable)		1700	ampoule				
	3	Paracetamol 150mg/ml (300mg/2ml.) injectable		2200	ampoule				
	4	Dobutamine - 250mg/5ml. (Injectable)		150	ampoule				
	5	Nicardipine HCl - 10mg/10ml. (Injectable)		70	ampoule				
	6	Mupirocin Ointment - 5g (Miscellaneous)		225	tube				
	7	Salbutamol 1mg/ml. 2.5ml 30pcs./Box (Miscellaneous)		70	box				
	8	Lactulose 3.33g/5ml. Syrup - 120ml. (Miscellaneous)		200	bottle				
	9	Metoclopramide - 10mg/2ml. (Miscellaneous)		980	ampoule				
	10	Erythromycin Eye Ointment - 5g (Miscellaneous)		40	tube				
	11	Cefuroxime 250mg/5ml 50ml. (Miscellaneous)		40	bottle				
			PhilGeps Registration Number :						
	After hav	ing carefully read and accepted your Terms and Condit	ions. I/we quoted you c	on the ite	m at price	s quoted above.			
			Printed Name / Signature						
	Tel. No. / Cellphone No. / E-mail Address								

Date

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	By Authority of the BAC:  ATTY. PERCY G. SALAZAR								
			BAC Chairperson						
- Or	rms and (	Conditions:							
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) PhilGEPS 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 (₱50,000.00)									
	Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE			
	12	Oral Rehydration Salt - ORS (Miscellaneous)		1000	sachet				
	13	Zinc Sulfate Syrup - 60ml. (Miscellaneous)		92	bottle				
	14	Cetirizine Hydrochloride 5mg/5ml Syrup, 60ml. (Miscellaneous)		60	bottle				
	15	Clonidine Hydrochloride 150mcg Tablet, 100's/box		3	box				
	16	Zinc Oral - Drops (For Pediatric/Neonate Use)		70	bottle				
	17	Cilostazol 50mg Tablet, 100's/box		1	box				
	18	Butamirate Citrate 50mg Tablet, 100's/Box		1	box				
	19	Clonidine HCl 75mcg Tablet, 100's/Box		2	box				
	20	Cetirizine Hydrochloride 1mg/ml Oral Drops, 10ml.		20	bottle				
	21	Tramadol 50mg Capsule, 100's/Box		2	box				
PhilGeps Registration Number :  After having carefully read and accepted your Terms and Conditions. I/we quoted you on the item at prices quoted above.									
			Printed Name / Signature						
	Tel. No. / Cellphone No. / E-mail Address								

Date