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

Purchase Request Number : 22-3255
Purchase Request Date : October 3, 2022
Approved Budget for the Contract : PPMP code : JRBGH22-TF 139

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 18 roll Autoclave Tape/ 3/4" & 15 other items; PR No. 22-3255 dated October 3, 2022

| | | | | Quotatior | | November 17, 2022 2259-22 | | |
|----------------|-----------------------------|---|---|------------------|----------|------------------------------|--|--|
| Con | npany Nam | e | | | | | | |
| ۸dd | lress | | | | | | | |
| | mit/return | e quote your lowest price on the item/s listed below, so this Request for Quotation (RFQ) duly filled-out and s he return envelope attached herewith. | | | | | | |
| | | | By Authority of the BAC: ATTY. PERCY G. SAVAZAR BAC Chairperson | | | | | |
| | | | | BAC C | hairpers | on . | | |
| er | ms and C | Conditions: | | | | | | |
| 2. 3. 1. | EQUIPM PRICE V THE FO | DEVICES/APPLIANCES | ATE OF ACCEPTANCE BY THE PROCURING ENTITY. ENDAR DAYS. | | | | | |
| | Item No. | ITEM & DESCRIPTION | BRAND & MODEL | QTY | UNIT | UNIT PRICE | | |
| | 1 | Autoclave Tape - 3/4" | | 18 | roll | | | |
| | 2 | Cotton Absorbent - 400gm | | 15 | roll | | | |
| | 3 | Distilled Water - 6L | | 17 | gal | | | |
| | 4 | 70% Isopropyl alcohol 500ml | | 18 | рс | | | |
| | 5 | Surgical Facemask - 50's | | 18 | box | | | |
| | 6 | Gauze Rolls - 2 ply 36x100 yard hospital size | | 18 | roll | | | |
| | 7 | Needle Sterile G-26 - 100's | | 36 | box | | | |
| | 8 | Plaster - Hospital size(zinc oxide adhesive plaster water-proof) | | 8 | tube | | | |
| | 9 | Povidone Iodine - 10% solution | | 8 | gal | | | |
| | 10 | Sterile Gloves - no. 6.5, 50's | | 16 | box | | | |
| | 11 | Sterile Gloves - no.7.0, 50's | | 17 | box | | | |
| | After hav | ing carefully read and accepted your Terms and Cond | mber : m at pric | es quoted above. | | | | |
| | | | | | | | | |
| | | Printed Name / Signature | | | | | | |
| | | | Tel. No. / | Cellpho | ne No. | / E-mail Address | | |

Date

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| Company Name | | | Date: November 17, 2022 Quotation No.: 2259-22 | | | | | | |
|--|---|--|--|-------|------------|------------|--|--|--|
| | Iress | | | | | | | | |
| | mit/return | e quote your lowest price on the item/s listed below, su this Request for Quotation (RFQ) duly filled-out and signer he return envelope attached herewith. | | | | | | | |
| | | | By Authority of the BAC: ATTY. PERCY G. SALAZAR | | | | | | |
| | | | | BAC C | hairpersor | 1 | | | |
| er | rms and 0 | Conditions: | | | | | | | |
| | 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: PhilGEPS REGISTRATION CERTIFICATE CURRENT AND VALID MAYOR'S/BSINESS PERMIT BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED FOR EQUIPMENT/ELECTRONIC DEVICES/APPLIANCES OMNIBUS SWORN STATEMENT (DULY NOTARIZED), FOR APPROVED BUDGET FOR THE CONTRACT (ABC) ABO FIFTY THOUSAND PESOS (₱50,000.00) | | | | | | | | |
| | Item No. | ITEM & DESCRIPTION | BRAND & MODEL | QTY | UNIT | UNIT PRICE | | | |
| | 12 | Sterile Gloves - no. 7.5, 50's | | 17 | box | | | | |
| | 13 | Suture - 3-0, Plain with taper needle, 12's | | 170 | box | | | | |
| | 14 | Sterile Syringe - 10cc disp. 100's (needle attached) | | 2 | box | | | | |
| | 15 | Alkytriamine & Cationic Surfactant 5 mins soaking - , 2.5% high level sterilant, non-glutaraldehyde, non-peracetic acid based solution 5L | | 8 | gal | | | | |
| | 16 | High-level Disinfectant - High-level Enzymatic Pre- cleaning Device | | 8 | bottle | | | | |
| 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