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

Purchase Request Number : 22-3740
Purchase Request Date : November 2, 2022
Approved Budget for the Contract : PPMP code : P52,206.00
CHO22-AYD 004

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 339 box Ferrous Salt; PR No. 22-3740 dated November 2, 2022

				Date: January 13, 2023 Quotation No.: 0307-23				
Cor	npany Nar	ne						
Ado	Iress							
sub 18,	mit/returr	า thi	uote your lowest price on the item/s listed below, su s Request for Quotation (RFQ) duly filled-out and signeturn envelope attached herewith.	bject to the Terms and gned by your represent	Condition ative not	ns on this p later than	page and duly 2:00 PM January	
				By Authority of the B	ATTY. PERCY G. SALAZAR			
					BAC C	Chairperson		
Гer	ms and	Con	ditions:					
1. 2. 3. 4.	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) Philogen 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	
	1	Fe Ta	rrous Salt (Equivalent to 60mg elemental iron) blet x 100's - 100's/box		339	box		
				PhilGeps Registr	ation Nui	mber :		
After having carefully read and accepted your Terms and Conditions. I/we quoted you on the item at prices quoted above.							quoted above.	
	Printed Name / Signature						gnature	
				Tel. No. /	Cellpho	one No. / E	E-mail Address	
						Date		