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

Purchase Request Number : **26-1862**
Purchase Request Date : **April 28, 2026**
Approved Budget for the Contract : **P1,649,849.00**
PPMP code : **CHO26-RAB 001**

Republic of the Philippines
City Government of Cagayan de Oro
BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

Project Name: Supply and Delivery of Vaccine and Other Items; PR No. 26-1862 dated April 28, 2026.
Method of Procurement: 8. Sec. 34 Small Value Procurement

Date : **August 3, 2026**
Quotation No. : **0872-26**

_____
Company Name

_____
Address

Please quote your best lowest price on the item/s listed below, subject to the Terms and Conditions on this page and submit/return this Request for Quotation (RFQ) duly filled-out and signed by your authorized representative not later than **2:00 PM of August 6, 2026** .

By Authority of the BAC:

ATTY. JOEFFREY D. NAMALATA
City General Services Officer

Terms and Conditions:

1. **Delivery Period shall be within 30 calendar days.**
2. **Warranty shall be for a period of Three (3) months for supplies & materials; one (1) year for equipment, from the date of acceptance by the procuring entity.**
3. **Price Validity shall be for a period of Ninety (90) calendar days.**
4. **The following shall be attached upon submission of the quotation:**
   1) **PhilGEPS Registration Number**
   2) **Current and valid Mayor's/Business Permit**
   3) **Brochures of the prodcuct being offered for equipment/ vehicles/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	Vaccine, Rabies Chick Embryo Cell 2.5 IU Powder for Injection Vial + 1 mL Diluent (Purified, Inactivated) - Preferred are WHO-prequalified rabies vaccine brands or equivalent.		885	vial	
2	Vaccine, Tetanus Toxoid 40 IU (5If)/0.5 mL, 0.5 mL Suspension for Injection Ampule - Please ensure that the expiry date is at least 24 months from the date of delivery.		300	ampule	
3	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 500 mg + 125 mg Tablet - Please ensure that the expiry date is at least 24 months from the date of delivery.		1300	tablet	
4	Mefenamic Acid 500mg Capsule x 100's B/F - Please ensure that the expiry date is at least 24 months from the date of delivery.		100	box	
Total Amount in Words and Figures					

PhilGeps Registration Number : _____

After having carefully read and accepted your Terms and Conditions, I/we quoted you on the item/s at price/s quoted above.

_____
Printed Name / Signature

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

_____
Date