

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

**REQUEST FOR QUOTATION**  
**Project Name: Supply and delivery of 20 tube Inks and 3 other items; PR No. 24-0211 dated February 12, 2024**  
**Method of Procurement: Section 53.9 (Negotiated Procurement[Small Value Procurement] of the Updated 2016 Revised IRR of R.A. 9184)**

Date : **March 4, 2024**  
Quotation No. : **1079**

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 March 7, 2024**.

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 product 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 (P50,000.00).**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT	UNIT PRICE
1	Inks - for BPS-150 Duplicator Machine		20	tube	
2	Master Roll - for BPS-150 Duplicator Machine		6	pc	
3	Toner Cartridge - for DocuCentre S2110 FujiXerox Machine		6	cartridge	
4	Drum Cartridge - for DocuCentre S2110 FujiXerox Machine		1	cartridge	

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