Republic of the Philippines
CENTRAL MINDANAO UNIVERSITY
University Town, Musuan, Bukidnon

Name of Procuring Entry:	**CENTRAL MINDANAO UNIVERSITY**	Request for Quotation (P. R. No.):	**2019-05-0053**
Revised on:	**REVISED ON**	Date:	**May 7, 2019**
Standard Form / Title:	**REQUEST FOR QUOTATION**	Office/End-User:	Pharmafern Project 3-Direct Cost/RY. DELA CRUZ
COMPANY NAME:			
ADDRESS:			
TEL. NO./FAX NO.:		**TIN:**	

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 a.m. of _____ in the return envelope attached, to the BAC Secretariat for Goods, CENTRAL MINDANAO UNIVERSITY, University Town, Musuan, Bukidnon.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within **15 days** upon receipt of the approved funded Purchase Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies and materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. a) **DTI** business name/ **SEC** registration of supplier, b) Latest **income** and **business tax returns duly stamped and received by the BIR** and duly validated with the tax payments made thereon, c) **Tax Clearance** from the BIR to prove and timely payment of taxes, d) **Certificate of PHILGEPS** registration, e) Latest **Mayor's/Business permit** shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product.
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is ₱ **48,000.00**

LUZVIMINDA T. SIMBORIO
BAC Chairperson
Internally/Externally Funded
Researches and PCC
8 May 2019

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UINIT PRICE	TOTAL PRICE
1	Ethyl Alcohol, absolute,AR grade, Amber,4L/btl	20	btl		
	TOTAL AMOUNT:				

Note: *The awarding for this RFO will be on lump-sum basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification.*

Purpose:	Pharmafern Project 3-Direct Cost/RY. DELA CRUZ

Brand and Model : _____ Warranty : _____

Delivery Period/Term : _____ Price Validity : _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices note above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by CMU Bids and Awards Committee.

_____
Printed Name/ Signature/Date

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

BAC- Secretariat:
Email: bac@cmu.edu.ph