



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):	STF (NP-SMALL VALUE)- 431
Revised on:			
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	JJ TIZUELA
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 01:00 p.m. of _____ in the return envelope attached, to the BAC Secretariat, CENTRAL MINDANAO UNIVERSITY, University Town, Musuan, Bukidnon.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within **30 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. **Negotiated Procurement (Small Value) (above 50,000.00)**
 1. Mayor's/ Business Permit
 2. Philgeps Registration
 3. Omnibus Sworn Statement
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 **₱ 199,650.00**

HERMIE P. PAVA
 BAC Chairperson for
 Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
1	IV Fluid Plain 0.9% NaCL, 1L	600	pcs	93.50		
2	IV Fluid Plain LR, 1L	1000	pcs	93.50		
3	IV Fluid D5 NM, 1L	100	pcs	77.00		
4	IV Fluid D5 IMB, 500 MI	200	pcs	88.00		
5	IV Fluid D5 0.3 %, 500 MI	300	pcs	82.50		
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: for Hospital Use 2024

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

NICOLE ANGELO P. RICABLANCA
 Canvasser

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