



OFFICE OF THE BIDS AND AWARDS COMMITTEE

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|--------------------------|-----------------------------|------------------------------------|---------------------------|
| Name of Procuring Entry: | CENTRAL MINDANAO UNIVERSITY | Request for Quotation (P. R. No.): | GF (NP-SMALL VALUE) - 641 |
| Revised on: | | | |
| Standard Form / Title: | REQUEST FOR QUOTATION | Office/End-User: | ALAN P. DARGANTES |
| 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 **₱89,700.00**

HERMIE P. PAVA
 BAC Chairperson for
 Goods and Services

| ITEM NO. | ITEMS & DESCRIPTION | QUANTITY | UNIT | UNIT COST (ABC) | UNIT PRICE | TOTAL PRICE |
|----------|---|----------|--------|-----------------|------------|-------------|
| 1 | Dropper | 15 | piece | | | |
| 2 | Conical tubes for fecal (25 ml, 25 pcs per pack | 5 | piece | | | |
| 3 | Glass slides | 4 | piece | | | |
| 4 | EDTA-treated vacutainer tubes | 3 | piece | | | |
| 5 | Plain vacutainer tubes | 3 | piece | | | |
| 6 | Porous gauze | 20 | piece | | | |
| 7 | Coverslips | 5 | pieces | | | |
| 8 | Nitrile gloves | 6 | box | | | |
| 9 | Amber bottles (60 ml) | 20 | pieces | | | |
| 10 | Water container | 28 | pieces | | | |
| 11 | 3 cc syringes (100/box) | 5 | pieces | | | |
| 12 | 5 cc syringes (100/box) | 5 | pieces | | | |
| 13 | Rubbing alcohol (1 gallon) | 1 | pieces | | | |
| 14 | Lens paper | 3 | pieces | | | |
| 15 | Inoculating loop | 1 | pieces | | | |
| 16 | Inoculating needle | 1 | pieces | | | |
| 17 | Ointment bottles | 30 | pieces | | | |
| 18 | Hair clipper | 2 | pieces | | | |
| 19 | Lubricant | 5 | pieces | | | |
| 20 | Graduated cylinder | 5 | pieces | | | |
| 21 | Mesh screen (meters) | 100 | pieces | | | |
| 22 | Immersion Oil | 1 | pieces | | | |



| | | | | | | |
|---------------|---|----|--------|--|--|--|
| 23 | Distilled water | 10 | pieces | | | |
| 24 | Cholesterol | 3 | pieces | | | |
| 25 | Lanolin | 3 | pieces | | | |
| 26 | Paraffinum liquidum (liquid paraffin) | 3 | pieces | | | |
| 27 | Vaselineum album (White Petroleum Jelly, White Soft Paraffin) | 3 | pieces | | | |
| 28 | Wood applicator sticks (100 sticks per box) | 10 | pieces | | | |
| 29 | sack | 10 | pieces | | | |
| TOTAL AMOUNT: | | | | | | |

Note: The awarding for this RFQ will be on Per-item basis.

Purpose: PHASE III - Wound Healing Efficacy of Weed Essential Oil Antibacterial Ointments in Dogs (Development and evaluation of Wound Ointment from Weed Essential Oils for Dogs)

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

FLORANTE D. MIAGA
 Canvasser

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