



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):	STF (NP-SMALL VALUE) - 960
Revised on:			
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	JENNELYN JOY C. TIZUELA
<b>COMPANY NAME:</b>			
<b>ADDRESS:</b>			
<b>TEL. NO./FAX NO.:</b>		<b>TIN:</b>	

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 **₱ 87,300.00**

5/24/24  
**HERMIE P. PAVA**  
 BAC Chairperson for  
 Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
	Day 1 (June 9, 2024)					
1	Lunch	35	pax	160.00		
2	Dinner	35	pax	160.00		
	Day 2 (June 10, 2024)					
3	Breakfast	35	pax	70.00		
4	Lunch	35	pax	160.00		
5	Dinner	35	pax	160.00		
	Day 3 (June 11, 2024)					
6	Breakfast	35	pax	70.00		
7	Accommodation (June 9 and 10)	2	pax	30,000.00		
	TOTAL AMOUNT:					

**Note:** The awarding for this RFQ will be on lump-sum basis.

**Purpose:** for Hospital Use for 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