



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):	GF (NP-SMALL VALUE) - 958	
Revised on:				
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	DENIS A. TAN	
<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 **₱ 57,600.00**

*5/20/20*  
**HERMIE P. PAVA**  
BAC Chairperson for  
Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
1	Snacks (AM and PM)	32	Pax	75.00		
2	Breakfast (16x3)	48	Pax	150.00		
3	Lunch (16x3)	48	Pax	200.00		
4	Dinner (16x3)	48	Pax	200.00		
5	Lodging (16x2)	32	Pax	900.00		
TOTAL AMOUNT:						

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

**Purpose:** for the conduct of Assessment of Strategic Plan cum Health Break and Team Building Activities at Camiguin Island

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