

## OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Procuring Entry:

CENTRAL MINDANAO UNIVERSITY

	Revised on:							
	Standard Form / Title:	REQUEST FOR QUOTA	TION	Office/End-User:	J. OBEDENCIO	JR.		
	COMPANY NAME:							
	ADDRESS:			TIM				
	TEL. NO./FAX NO.:			TIN:				
	Please quote duly signed by your representation of the MINDANAO UNIVERSIT	Y, University Town, Mu	n 01:00 p	.m. of				bmit your quotation cretariat, CENTRAL
	All entries must be typewritten or legibly written.							
	<ol> <li>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.</li> <li>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.</li> <li>Price validity shall be for a period of sixty (60) calendar days.</li> <li>Negotiated Procurement (Small Value) (above 50,000.00)         <ol> <li>Mayor's/ Business Permit</li> <li>Philgeps Registration</li> <li>Omnibus Sworn Statement</li> </ol> </li> <li>Bidders shall submit original brochures of the product.</li> <li>Please indicate the brand for each items being offered.</li> </ol>							IE/P. PAVA arperson for and Services
	8. The appro	ved budget ceiling for	this proc	urement is P 03,5				
ITEM NO.	ITEMS & DESC	CRIPTION	Q	UANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
1	Tempered Sash Glas Brackets, Sash Hand Rope			1	unit	63,500.01		
Purpo	The awarding for this se: To Contain infection	ous biological mate			the laboratory a	and to ensure p	personnel safe	ty, the
	Brand and Model	:			Warranty			
	Delivery Period/Term :				Price Validity			
	After having space for Delivery Per CMU Bids and Award		accepted Price Vali	l your General Co idity are left blank,	nditions, I/We quo it means that I co	ote you on the it oncur with the To	em(s) at prices erms and Cond	note above. If the itions specified by
	NUCCUE ANGELO D. DICADI ANGA				Printed Name/ Signature/Date			
	NICOLE ANGELO P. RICABLANCA Canvasser				Tel. No./ Mobile No./ E-mail Address			

Request for Quotation (P. R. No.):

STF (NP-SMALL VALUE)- 970



College of Veterinary Medicine

Image of Biological Safety Cabinet (without damage)