



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):		STF (NP-SMALL VALUE)- 206
Revised on:				
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	J. 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 02:00 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):**
 1. Mayor's/ Business Permit
 2. Philgeps Registration (Platinum)
 3. Omnibus Sworn Statement
 4. Income/Business Tax Return
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 **₱ 669,000.00**


HERMIE P. PAVA
 BAC Chairperson for
 Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
2	EDTA Tubes k3, 2 mL Glass type, 100's/box	60	Box	1,000.00		
3	EDTA Microtainer tubes K3 0.2-0.5 mL 100/box	20	Box	1,200.00		
7	Hepatitis B Ag Test Kit 30's/box with Certificate of Product Registration (CPR), 2 years Expiry	180	Box	2,000.00		
8	Hepatitis A Ab IgM/IgG Test Kit 40's/box with Certificate of Product Registration (CPR), 2 years Expiry	10	Box	10,000.00		
14	Syringe 3cc w/ needle 100's/box (Terumo) Original	120	Box	900.00		
15	Thin, clear, Germany Cover Glass 22x22 mm (1000's/box)	5	Box	400.00		
16	Typhi-dot rapid test kit 30's/box, with Certificate of Product Registration (CPR), 2 years Expiry	1	Box	11,000.00		
17	Distilled Water, 10L	10	Bot	100.00		
19	Facemask, 100's	12	Box	250.00		
TOTAL AMOUNT:						

Note: The awarding for this RFO will be on Per-Item basis.

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.

NICOLE ANGELO P. RICABLANCA
 Canvasser

Printed Name/ Signature/Date

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