Republic of the Philippines
***Government of Ormoc City***
**BIDS AND AWARDS COMMITTEE**
Ormoc City

CHD
*P.R. No.:* ***242158***
*Quotation No.:* ***244565-2573***
*PhilGEPs No.:*

*Standard Form Title:*

## *REQUEST FOR QUOTATION*

*Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than _____ _____.*

***KATHERYN A. SOLAÑA***
*PROCUREMENT OFFICER*

**NOTE:** **(1)** ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN. (2) DELIVERY PERIOD WITHIN 25 C.D. UPON RECEIPT OF THE APPROVED FUNDED PURCHASE ORDER (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be for a minimum for non-delivery without valid reason. **(3)** WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS OF SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE END-USER. **(4)** PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) DAYS. (5) G-EPS REG NO., MAYORs PERMIT, DTI/SEC, AND FOR ABC's ABOVE 500K - ITR & OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION **(6)** BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS IF APPLICABLE. **(7)** THE ***APPROVED BUDGET CEILING*** FOR THIS PROCUREMENT IS (amount indicated below)

**Php** ***651,600.00***

| | *Activities* | *Schedule* | |
|---|---|---|---|
| | | *FROM* | *TO* |
| *1* | Issuance of Canvass | ***Thursday August 15, 2024*** | ***Tuesday August 20, 2024*** |
| *2* | Submission of Canvass | ***Thursday August 22, 2024*** | ***10:00 AM*** |
| *3* | Opening of Canvass | ***Thursday August 22, 2024*** | ***2:00 PM*** |

| *#* | *Item and Description* | *QTY* | *UNIT COST* | *TOTAL* |
|---|---|---|---|---|
| *1* | *Kit, Hygiene* | *1080 kit* | | |
| | *540 KITS FOR DAYCARE PUPILS* | | | |
| | *a. Kiddie Toothbrush Small Bristles with cap (2-5 yrs old)* | | | |
| | *b. 40g Kiddie Toothpaste (tube)* | | | |
| | *c. 2 pcs Kiddie Hand Towel* | | | |
| | *d. 55mg Hypoallergenic Soap* | | | |
| | *e. pouch with zipper* | | | |
| | | | | |
| | *540 KITS FOR PREGNANT WOMEN* | | | |
| | *a. Adult Toothbrush Medium Bristles with cap* | | | |
| | *b. 74g Adult Toothpaste (tube)* | | | |
| | *c. 60ml Oral Mouthwash with CPC* | | | |
| | *d. 55mg Hypoallergenic Soap* | | | |
| | *e. pouch with zipper* | | | |
| *2* | *Flouride Varnish* | *150 pc* | | |
| | *FOR DAYCARE PUPILS* | | | |
| | *-x-x-x-x-x-x-x- NOTHING FOLLOWS -x-x-x-x-x-x-x-* | | | |
| | | | | |
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| | | | | |
| | | | *GRAND TOTAL >>>* | |

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*Brand and Model :* _____ *Warranty :* _____
*Delivery Period :* _____ *Price Validity :* _____

*After having carefully read and accepted your Conditions, I/We quote you on the item at prices noted above and hereby commit to deliver the same if adjudged to have the lowest and responsive quotation.*

_____
*Business Name*

_____
*Printed Name/Signature/Date*