



Republic of the Philippines
CENTRAL MINDANAO UNIVERSITY
 Musuan, Maramag, Bukidnon

OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):	STF (SVP)- 1100
Revised on:			
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	JJ 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. 97 of the IRR-RA 12009 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. **Small Value Procurement (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 **₱ 281,520.00**

HERMIE P. PAVA
 BAC Chairperson for
 Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
1	Ampicillin, 1 g	150	Vial	35.00		
2	Anti-Tetanus, 3000IU	300	Ampule	250.00		
3	Atropine 1mg/ml ampule	20	Ampule	67.00		
4	Calcium Gluconate, 10mg/ampule	20	Ampule	68.00		
5	Ceftriaxone, 1 g vial + diluent	1000	Vial	60.00		
6	Cefuroxime, 750 mg	1000	Vial	60.00		
7	Dobutamine, 250mg/20ml vial	20	Vial	150.00		
8	Dopamine, 20mg/vial	20	Vial	95.00		
9	Methylprednisolone 4mg/tab	100	Tablet	10.00		
10	Norepinephrine, 2mg/ampule	10	Ampule	386.00		
11	Phenobarbital 30mg/tab	100	Tablet	6.00		
12	Potassium Chloride, 40mEq/vial	30	Vial	55.00		



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13	Ranitidine, 25 mg/ml	1000	Ampule	25.00		
14	Sodium Bicarbonate 50mEq/amp	20	Ampule	128.00		
15	Tetanus Toxoid, 40 IU/0.5 ml vaccine	500	Vial	78.00		

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

Purpose: For Hospital Use for 2026

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