



Republic of the Philippines  
**WESTERN MINDANAO STATE UNIVERSITY**  
Zamboanga City  
Telephone No.: 062-991-7875  
[www.wmsu.edu.ph](http://www.wmsu.edu.ph)

## REQUEST FOR QUOTATION

The Western Mindanao State University, through its Bids and Awards Committee (BAC), is inviting PhilGEPS registered suppliers to apply for eligibility and to submit bids for the item mentioned hereunder:

Name of Project : **Supply and Delivery of Medical Oxygen Cylinder and Tank for CHE Lab and Medical Clinic**

Approved Budget Cost : **Php 15,000.00**

Purchase Request No.: **22-03-176-REBID**

Closing Date: **May 16, 2022 @ 10AM**

Description:

- |     |         |   |
|-----|---------|---|
| 1.) | 2 Tanks | <b>Medical Oxygen Tank</b><br>* 20-30 lbs with content  |
| 2.) | 1 Unit  | <b>Medical Oxygen Cylinder</b><br>* 50 lbs with content |

The criteria to be used for the eligibility check of the prospective bidders, examination and evaluation of bids, post-qualification and all matters relevant to this procurement shall be in accordance with Republic Act. No. 9184 (The Government Procurement Reform Act) and its Implementing Rules and Regulations.

Interested bidders are required to submit their valid and current Mayor's Permit and PhilGEPS Registration, upon the submission of quotation.

Award of contract shall be made to the lowest calculated and responsive bid, which complies with the necessary description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by the bidder or his/her duly authorized representative/s.

Submission of Quotation and eligibility documents is on or before 10:00 AM of May 16, 2022 at the BAC Office, Ground Floor Executive Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email ([bacsecretariate@wmsu.edu.ph](mailto:bacsecretariate@wmsu.edu.ph)) or through facsimile at (062)991-7875.

For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062)991-7875.

**REQUEST FOR QUOTATION**  
Western Mindanao State University

\_\_\_\_\_

\_\_\_\_\_

Quotation No.: \_\_\_\_\_

PR No.: PR-22-03-176-Rebid

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **May 16, 2022** at **10:00 AM** in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

  
**JOEL G. FERNANDO, Ph.D.**  
BAC Chair

**NOTE:**

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD WITHIN **10** CALENDAR DAYS FROM THE RECEIPT OF THE PURCHASE ORDER.
- 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS. ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY
- 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
- 5 G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
- 6 BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

Item No.	Qty	Unit	Item and Description	Approved Budget for Contract (ABC)	Unit Cost	Total Cost
1.	2	Tanks	Medical Oxygen Tank, 20-30 lbs with content	₱ 6,000.00		
2.	1	Unit	Medical Oxygen Cylinder, 50 lbs with content	₱ 9,000.00		
<i>Note: For the Physical Plant Office of the University.</i>						

**PAGE 1 of 1**

EPS Reference Number : \_\_\_\_\_

EPS Solicitation Number : \_\_\_\_\_

EPS Closing Date : \_\_\_\_\_

**Total:** \_\_\_\_\_

Brand & Model : \_\_\_\_\_

Delivery Period : \_\_\_\_\_

Warranty : \_\_\_\_\_

Price Validity : \_\_\_\_\_

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

PhilGEPS Registration No.: _____ Certificate Reference No.: _____
--

**REY ESPIRITUSANTO/JORGE CONCEPCION/RALPH JUDE LLACUNA**  
Cavasser

\_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Tel .No./Cellphone #

\_\_\_\_\_  
Date