

Republic of the Philippines  
**Department of Public Works and Highways**  
**Sorsogon 1<sup>st</sup> District Engineering Office**  
 Guinlajan, Sorsogon City

**Name of Procuring Entity : DPWH-Sorsogon 1st DEO** Request for Quotation (P.R. No.) : 2024-02-0005

Revised on : \_\_\_\_\_ Date: 2/5/24

Standard Form/Title : **REQUEST FOR QUOTATION** Office/End-User: DPWH-Sorsogon 1st DEO

**COMPANY NAME :** \_\_\_\_\_  
**ADDRESS :** \_\_\_\_\_  
**TEL. NO./FAX NO. :** \_\_\_\_\_

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 at later than 10:00 A.M. of **12 FEB 2024** in the return envelope attached herewith, to the Procurement Unit, DPWH Sorsogon 1st DEO, Guinlajan, Sorsogon City.

- TERMS and CONDITIONS:**
1. All entries must be typewritten or legibly written.
  2. Delivery period within Thirty (30 CD) upon receipt of the approved funded Purchased 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 & materials; one year for Equipment; 3 years for IT Equipment** from date of acceptance by the end-user.
  4. Price validity shall be for a period of **sixty (60) calendar days**.
  5. For all supplier, the two (2) envelope system will be followed.  
 The 1st envelope shall contain the following eligibility document/s.  
**PhilGEPS Registration Certificate (Platinum), Mayor's Permit, DTI/SEC Registration, Tax clearance including income/Bussiness Tax Return, Certificate of Registration, Omnibus Sworn Statement, Original brochures showing certifications of the product (if applicable)** shall be attached upon submission of the quotation.  
 The 2nd envelope which will contain the quotation shall only be opened after the 1st is declared complying
  6. Bidders shall submit **original brochures** showing certifications of the product.
  7. Please indicate the **brand** for each items being offered.
  8. The approved budget ceiling for tthis procurement is P 65,000.00
  9. Please **specify brand name** otherwise, bids will not be accepted
  10. **Quotation thru electronic mail/fax will not be accepted**

  
**LARRY B. REYES**  
 Administrative Officer V  
 BAC-Chairperson

ITEM NO.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Aircon 2hp Inverter split type	1	unit		
	* Full Inverter split aircon (230V/1PH/60HZ Equipped with all voltage guard and gin-ion blue filter, R32 w/ remote control). 3 yrs warranty on pc board under normal condition, 5 yrs warranty on compressor.				
	Note: Must be premuim and high quality. Including Installation				

**Brand and Model :** \_\_\_\_\_ **Warranty** \_\_\_\_\_  
**Delivery Period :** \_\_\_\_\_ **Price Validity** \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We quote you o the item(s) at prices not 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 DPWH.

Printed Name/Signature/Date

# CHECKLIST FOR GOOD'S

(Mode of Procurement: SMALL VALUE PROCUREMENT)

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## Attachment :

1. DTI Business Name/SEC Registration of Supplier
2. TAX Clearance & Monthly Payment of Taxes including Income/Business Tax Return
3. Certificate of PHILGEPS Registration
4. Latest/Updated Mayor's/Business Permit
5. Certificate of Registration (COR)
6. Omnibus Sworn Statement (Revised per GPPB Resolution No. 16-2020)
7. Bidders shall submit original brochures showing certifications of the product (if applicable)
8. Special Power of Attorney of Liaison and Valid Identification Card (if applicable)

**Note:** Please indicate the brand for each items being offered (if applicable)

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Supplier's Signature