

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS QUIRINO DISTRICT ENGINEERING OFFICE

Cabarroguis, Quirino, Region II



| Procuring E   |   | : DPWH - QDEO  | P.R. No.   |           | :         | 2024-12-245      |   |  |
|---|---|--|--|-----------|-----------|------------------|---|--|
| Revised on  |   |  | Date   |           |           | 12/09/2024       |   |  |
|   |   |  | Office/End U   | Jser      | :         | Planning and De  | esign Section                               |  |
| COMPANY NAME * :  |   |  |  |           |           |                  |   |  |
| ADDRESS * :   |   |  |  |           |           |                  |   |  |
|   | TEL. NO. /FAX. No. * : TIN *:   |  |  |           |           |                  |   |  |
| PhilGEPS Reg. No. * : Email *:  |   |  |  |           |           |                  |   |  |
|   |   | price on the item(s) listed, subject to  |  |           |           |                  |   |  |
|   |   | sentative not later than 10:00 A.M. of<br>nittee, Quirino District Engineering Of  |  |           |           | envelope attach  | ed herewith, to                             |  |
| the blus an   | iu Awaru Comii  | ilitee, Quillio District Engineering Or  | ilce, Cabarroguis  | , Quillin | J.        |                  |   |  |
| 1. All entries 2. Delivery penalties reason. 3. Warranty Equipmer 4. Price Valid 5. A. PhilGEI B. Mayor's C. DTI D. Income E. Omnibit 6. Bidders sl 7. Please inc | period within 30 c<br>pursuant to Sec.<br>shall be for a rat; Three (3) year<br>dity shall be for a<br>PS Registration N<br>s Permit<br>e or Business Tax<br>us Sworn Statem-<br>hall submit origin<br>dicate the brand f | ritten or legibly written.  Dupon receipt of the approved funded Pt 69 of the Revised IRR-RA 9184 shall be in minimum of three (3) months for supplications IT Equipment from date of acceptance in period of 60 calendar days.  Under the Revised IRR-RA 9184 shall be in minimum of three (3) months for supplications in serving IRR-RA 9184 shall be in se | nposed for non-deli<br>es and materials;<br>by the end user. | very with | out valid | Chief, Planning  | G. LOZANO<br>and Design Section<br>Chairman |  |
|   | oved budget celli   | ng for this procurement is P 56,000.00   |  |           | T         |                  |   |  |
| ITEM No.  |   | ITEM & DESCRIPTION   |  | QTY       | UNIT      | UNIT PRICE       | TOTAL PRICE                                 |  |
| 1   | AM Snack  |  |  | 100       | pax       |                  |   |  |
| 2   | Lunch   |  |  | 100       | pax       |                  |   |  |
| 3   | PM Snack  |  |  | 100       | pax       |                  |   |  |
| 4   | Venue: within the district  |  |  | 1         |           |                  |   |  |
|   | Inclusion:  |  |  |           | -         |                  |   |  |
|   | Sound and Projector   |  |  |           |           |                  |   |  |
|   | with free flowing coffee  |  |  |           |           |                  |   |  |
|   | Chairs and Tables   |  |  |           |           |                  |   |  |
|   |   | ember 17, 2024, 9:00 A.M.  |  |           |           |                  |   |  |
| ***************************************   |   | f Special PAMB Meeting for propo   | sed 2025 DPWH  | Project   | ts withir | the Protected    | Area.                                       |  |
| Place of De   |   |  |  |           |           | 11.77            |   |  |
|   | ing for this RF0<br>or disqualification   | Q will be on a lump-sum basis. Pros  | pective Suppliers  | s must c  | quote for | all items. Other | wise they will be                           |  |
|   |   |  |  |           | TO        | TAL PHP          |   |  |
| Posting: December 10, 2024 TOTAL PHP  TOTAL AMOUNT IN WORDS:  |   |  |  |           |           |                  |   |  |
|   |   |  |  |           |           |                  |   |  |
|   | riod :<br>er having carefu  | ılly read and accepted your General<br>Varranty and Price Validity are left bla  |  | quote y   |           |                  |   |  |
|   |   | Printed Name / Signature / Date  |  |           |           |                  |   |  |
| Tel. No./CP No. & el  |   |  |  |           |           | email address    | mail address                                |  |

Note: Fill out all Fields with Asterisk \*

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