



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
UPPER KALINGA DISTRICT ENGINEERING OFFICE
Bulanao, Tabuk City, Kalinga

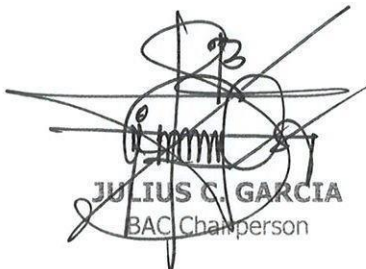


Name of Procuring Entity	:	Request for Quotation (P.R. No.):	2024-12-159
Revised on :		Date:	December 12, 2024
Standard Form/Title	:	Office/End-User:	Bids and Awards Committee
COMPANY NAME	:		
ADDRESS	:		
TEL. NO./FAX No.	:	TIN :	

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 **10:00 A.M. of December 20, 2024** in the return envelope attached herewith, to the BAC Secretariat for Goods, DPWH-UKDEO, Bulanao, Tabuk City, Kalinga. **NOTE: Electronic Submission of Quotation is not applicable.**

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 10 days upon receipt of the approved unded Purchase 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 IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. **Mayor's Permit, PhilGEPS Registration Certificate, Omnibus Sworn Statement, & Income Tax Return** shall be attached upon submission of the quotation.
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 **PhP450,000.00**
9. **All bidders shall submit brochures or specific brand with specifications with their bid for every items. Avoid unbalance bid on costing.**


JULIUS C. GARCIA
BAC Chairperson

Item No.	UNIT	ITEMS & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	lot	Repair of Compression/Flexural Machine (1500KN Capacity) Serial Number: 16002407 Model: A12C02 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	1.00		

Purpose: Repair of Compression/Flexural Machine of QAS Laboratory Testing.

TOTAL AMOUNT IN WORDS & FIGURES:

Name and Signature of Supplier: _____

Address: _____

Telephone/Mobile Number: _____

Tel. No. _____

Telefax: _____

c/o UKDEO

email: dpwhukdeo.bac2016@yahoo.com