

Republic of the Philippines

Name of Procuring Entry: DPWH RO V

Request for Quotation(P.R. No.): 2024-07-204

Revised on:

Standard Form/Title: **REQUEST FOR QUOTATION**

Date: 07/10/2024

Office/End-User:	EMD
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ADDRESS:

TEL. NO./FAX NO.

TIN 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 not later than 2:00 P.M. **December 23, 2024** in the return envelope attached herewith to the BAC Secretariat for Goods, DPWH Region V, Old Airport Road, Brgy. 40, Cruzada, Legazpi City.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within Thirty (30) C.D. upon receipt of Purchase Order (P.O.). Administrative Penalties pursuant to Sec. 69 of the Revised IRR-R4, 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 from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. **PHILIPPINE Registration Certificate/Mayor's Permit/DTI or SEC Registration, Secretary's Certificate Tax Clearance, Income's/Business Tax Return (ITR) and Omnibus Sworn Statement** shall be attached upon submission of the quotation if applicable.
6. Bidders shall submit original brochures showing certifications of the product.
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is **P61,593.33**

ARNEL L. SAMSON
(BAC Chairperson)
Chief, Maintenance Division

Chief, Maintenance Division

[illegible]

Brand and Model:

Warranty:

Delivery Period:

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 black, It means that I concur with the Terms and Conditions specified by DPWH.

Printed Name / Signature / Date

Date _____