

Republic of the Philippines

OFFICE OF THE REGIONAL DIRECTOR

Old Airport, Brgy. 40., Cruzada, Legazpi City

Name of Procuring Entry: DPWH RO V	Request for Quotation(P.R. No.): 2024-11-323
Revised on:	Date: 11/28/2024
Standard Form/Title:	Office/End-User: Cam Norte Sub-DEO/QA
COMPANY NAME:	
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 16, 2024** in the return envelope attached herewith to the BAC Secretariat for Goods, DPWH CAMARINES NORTE-SUB DEO

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery order within Thirty (30) C.D. upon receipt of approved funded Purchase Order (P.O.). Administrative Penalties pursuant to Sec. 69 of the Revised JRR-04 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/ Business Tax Return (ITR) and Omnibus Sworn Statement** shall be attached upon submission of the quotation
6. Bidders shall submit original brochures showing certifications of the product, if applicable.
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is **P270,636.00**

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BENJAMIN G. BUITRE, JR
Chief, Quality Assurance and Hydrology Division)
(Special BAC Chairman)

[illegible]

Brand and Model: _____
 Delivery Period: _____
 Warranty: _____
 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 _____