



Republic of the Philippines
Department of Public Works and Highways
VAO CITY II DISTRICT ENGINEERING OFFICE
Tugbok District, Davao City

Name of Procuring Entity : **DPWH-DCIIDEO, Tugbok Davao City**
Revised on: _____
Standard Form/Title : **REQUEST FOR QUOTATION**
(Small Value Procurement)

RFQ No. & Date: **2024-12-123** **12/11/2024**
P.R. No. & Date: **2024-12-136** dated **12/10/2024**
Office/End-User: **Admin. Section (office)**
DPWH-DCI DEO, Tugbok D.C.

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./FAX No. _____

TIN No.: _____

TERMS and CONDITIONS:

- 1) All entries must be typewritten or legibly written,
- 2) Delivery period within twenty (20) W.D. upon receipt of the approved 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 (1) year for Equipment; 3 years for I.T. Equipment from date of acceptance by the end-user.
- 4) Price validity shall be for a period of sixty (60) calendar days.
- 5) **Phil-GEPS Registration Number/Mayor's Permit/Tax Clearance/DTI or SEC and Omnibus Sworn Statement (Specific to Contract)** shall be attached upon submission of the quotation and every page of the document must be signed.
- 6) Bidders shall submit original brochures showing certifications of the product, if applicable,
- 7) Please indicate the brand of each items being offered, (If applicable)
- 8) The Approved Budget for the Contract is **P 60,000.00 one lot price**

Please quote your lowest price on the item(s) listed below subject to the Terms & Conditions stated and submit your duly signed quotation personally (Submitted thru courier/fax/e-mail will not be accepted) not later than 10:00 AM. of _____ to the BAC Secretariat for Goods, DPWH-DCIIDEO, Tirol St., Tugbok, Davao City.

REYNALDO A. AMORES
Chief, Const. Section
(BAC-Chairperson)

ITEMS & DESCRIPTION

QTY.

UNIT

UNIT PRICE

TOTAL PRICE

1 One (1) Job Order: Labor & Materials; for the Repair and Preventive Maintenance of the airconditioning units of this office

SCOPE OF WORK:

- Replacement of Drain Motor of 2 units

2

units

Koppel Cassette Type Inverter:

Main Building 1F

- Administrative Section (1 unit)

- Network Unit (1 unit)

- Repair of Drain Pump Motor of 2 units

2

units

Koppel Cassette Type Inverter:

Main Building 2F

- DE's Office (1 unit)

- Planning & Design Section (1 unit)

- Indoor Unit Faulty Error OE Repair of 3 units

3

units

Koppel Wall Mounted Type Inverter

Main Building 2F

- ADE's Office (1 unit)

- DE's Office (1 unit)

- Server Room (1 unit)

- Outdoor Communication Repair of 3 units

3

units

Daikin Wall Mounted Type Inverter

New Annex Building

- COA Office (1 unit)

- QAS 2F (1 unit)

- Depot Office (1 unit)

x-x-x-x- sheet 1 of 2 -x-x-x-x

The awarding for this RFQ will be on a lump-sum basis.

Prospective Suppliers must quote for all items. Otherwise they will be subjected for disqualification.

Brand and Model: _____ Warranty : _____
Delivery Period : _____ Price Validity : _____
Please indicate Payment Term: _____ Credit
C.O.D.

After having carefully read & accepted your General Conditions, I/We quote you on the item(s) at prices noted 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.

DPWH-DCIIDEO

Tel. No. 293-1765 (Procurement Unit)

Fax No. 293-0551

Printed Name / Signature / Date

Tel. No. / Cellphone No. / E-mail Address



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REYNALDO A. AMORES

Chief, Const. Section
(BAC-Chairperson)

ITEMS & DESCRIPTION

QTY.

UNIT

UNIT PRICE

TOTAL PRICE

- Replacement of Capacitor & Charging of
Freon of 1 unit Koppel Floor Mounted Type
Old Building

1

unit

- Conference Room (1 unit)

- Repair of Water Level Alarm of 1 unit
Koppel Cassette Type Inverter

1

unit

Main Building 1F

- Administrative Section (1 unit)

- Replacement of Fan Capacitor & Repair of
Transformer of 1 unit Koppel Wall Mounted
Type Inverter

1

unit

Old Building

- Server Room (1 unit)

- Repair of Pump Motor of 1 unit Koppel
Cassette Type Inverter

1

unit

Main Building 1F

- Hallway Lobby (1 unit)

x-x-x-x- sheet 2 of 2 -x-x-x-x

For use in the operations of this office

Total Amount: (pls. specify total amount in words)

TOTAL ----

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Delivery Period : _____ Price Validity : _____

Please indicate Payment Term: _____ Credit
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DPWH-DCIIDEO

Tel. No. 293-1765 (Procurement Unit)

Fax No. 293-0551

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I/We quote you on the item(s) at prices noted 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

Tel. No. / Cellphone No. / E-mail Address