

Pinamaloy, Don Carlos, Bukidnon

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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 July 8, 2024 in the return envelope attached herewith, to the BAC Secretariat, DPWH-Buk 2nd DEO, Pinamaloy, Don Carlos, Bukidnon.

1. All entries must be typewritten or legibly written.
2. Delivery period within **14 working days** upon receipt of the approved funded 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 for IT equipment from date of acceptance by the end-user.
4. Price Validity shall be for a period of sixty (60) calendar days.
5. Documents required to be submitted with the bid:
  - 5.1 **Certified copy of PhilGEPS Registration;**
  - 5.2 **Certified copy of Mayor's Permit/Business Permit**
  - 5.3 **Notarized Omnibus Sworn Statement**
  - 5.4 **Geotagged Photo of Physical Store/Establishment.**
6. Bidders shall submit original brochures showing certification of the product.
7. Please **indicate the brand for each item being offered.**
8. The approved budget ceiling for this procurement is Php **84,000.00**
9. For Corporation please provide Secretary Certificate and Board Resolution.
10. FOR: DPWH Compound

Assistant District Engineer  
Chairperson, BAC

**The awarding for this RFQ will be on lump -sum basis. Prospective Suppliers must quote for all the items. Otherwise they will be subjected for disqualification**

Brand and Model	:	_____	Warranty	:	_____
Delivery Period	:	_____	Price 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 blank, it means that I concur with the Terms and Conditions specified by DPWH.

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*Printed Name / Signature / Date*

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