



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
BOHOL 1st DISTRICT ENGINEERING OFFICE
Tagbilaran City, Bohol, Region VII

Name of Procuring Entity: DPWH-Bohol 1 Request for Quotation (P.R.No.): 2025-03-0016
Revised on : Date : March 05, 2025
Standard Form/Title : **REQUEST FOR QUOTATION** Office/End-Use DPWH Bohol 1st

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 10:00 A.M. of **March 12, 2025** in the return enveloped attached herewith, to the BAC Secretariat for Goods, DPWH Bohol 1st Engineering District, Tagbilaran City.

TERMS AND CONDITIONS

- All entries must be typewritten or legibly written.
- Delivery period is **within 15 calendar days** after 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.
- 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.
- Price validity shall be for a period of sixty (60) calendar days.
- PhilIG-EPIS Platinum Registration Certificate, Mayor's Permit and Omnibus Sworn Statement (for ABCs above P50k), Income/Business Tax Return (for ABCs above P500k)** shall be attached upon submission of the quotation.
- Bidders shall submit original brochures showing certifications of the product if applicable.
- Please indicate the brand for each item being offered.
- Quotations submitted thru mail, e-mail and fax will not be accepted.
- The approved budget ceiling for this procurement is **P12,517.28**

CLAUDIO D. ARZAYENA, JR. A.E.R.
BAC-Chairman

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	Bandage Elastic, 4"	3	roll		
2	Gauze Pads, 4x4, non-sterile	3	box		
3	Gauze Pads, 4x4, sterile	3	box		
4	Betadine (120ml)	3	bottle		
5	Band-Aid	3	box		
6	Adhesive Tape, 12pcs	1	box		
7	Loperamide, 2mg., 100's	1	box		
8	Paracetamol 500mg, 500's	1	box		
9	Phenylephrine HCl, Chlorphenamine Maleate, Paracetamol, 100's (green)	1	box		
10	Paracetamol, Caffeine, 100's	1	box		
11	Oral Rehydration Solution/Salt, 100's	1	box		
12	Cetirizine 10mg, 100's	1	box		
13	Phenylephrine Hydrochloride + Chlorphenamine Maleate + Paracetamol, 100's (blue)	1	box		
14	Surgical Scissors, 7"	2	piece		

Purpose: For use in the Planning and Design Section

Brand and Model : _____ Warranty : _____
Delivery period: _____ Price validity : _____

After having carefully read and accepted your General Conditions, I / We quote you on the terms specified above. If the space 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./Cell. No./Email address

Telephone Number: (038) 422-8317
local 62014 - Procurement Head
local 62030 - Procurement Staff
Email : dpwhbohol1@gmail.com