

Request for Quotation (P.R. No.) : **2025-04-160**

Date : 4-2-2025

Office/End-User : **Planning and Design Section**

TEL. NO./FAX No.

TIN :

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 30 c.d 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 from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. G-EPS Registration Certificate, Mayor's Permit, DTI/SEC, Income/Business tax Return, Omnibus Sworn Statement shall be attached upon submission of the quotation
6. The approved budget ceiling for this procurement is **979,965.00**
7. The DPWH reserves the right to accept or reject any bid to annul the bidding process and to reject all bids at any time prior to contract award without thereby incurring any liability to the affected bidder.
8. Bidder/s may submit an open or sealed quotation.
9. RFQ can be submitted in person or thru registered mails, facsimile or email.

LUIS B. BERON
Engineer III
(BAC-Chairperson)

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	MYLAR FILM PAPER	17	box		
	Size: 24" x 20m				
	Thickness -100 Microns				
	Wound on -2" Dia Core				
	12 rolls per box				
	The awarding of Contract/P.O. under this RFQ will be on a lump-sum basis, hence, Supplier must quote for all of the items. Any erasure, correction or alteration made by the Supplier in any of the items shall render the bid non-complying, hence, a ground 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.

Tel. No. _____ Telefax: _____

Printed Name / Signature / Date
 Tel. No. / Cellphone No. / E-mail Address