

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS BUKIDNON 4TH DISTRICT ENGINEERING OFFICE Valencia City, Bukidnon





Name of Procuring Entity: BUKIDNON 4TH DEO			Request f	Request for Quotation (P.R. No.): KN5-2025-06-054		
Revised on:			Date: June 2, 2025			
Standard Form/Title: REQUEST FOR QUOTATION			Office/End-User: DPWH BUKIDNON 4th DEO			
COMPAN	Y NAME:					
ADDRESS	S:					
TEL. NO./FAX NO.:			TIN:			
duly signe BAC Secre City, Bukic TERMS a 1. All entries 2. Delivery p Purchase (1RR-RA 91 3. Warranty Equipment fr 4. Price valid 5. Attach Ces Statement 6. The Appro 7. RFQ must 8. Bidders sh 9. Please ind	quote your lowest price on the item(s) listed below, sud by your representative not later than 10:00 am of _tariat, BAC - Bidding Rm. DPWH Bukidnon 4th District inon,. Ind CONDITIONS: must be typewritten or legibly written. eriod within thirty (30) c.d. upon receipt of the approved funded order (P.O.) Administrative penalties pursuant to Sec. 69 of the Rev 84 shall be imposed for non-delivery without valid reason. shall be for a minimum of three (3) months for supplies & materials om date of acceptance by the end-user, ity shall be for a period of sixty (60) calendar days. rtified True Copy of PhilGeps Registration Number, Mayor's Permit at (if ABC is above 50K). Income/Business Tax Return if ABCs be signed by an authorized signatory. All submit original brochures of the product (if applicable) ishall submit sealed quotation.	Engineering ised	Office, Val	RICHARD Assistant BAC pplier must quote for all of rrection or alteration made	pe attached herewith, to the defendence of cultural Center, Valencia L. HERNANDEZ Dittet Engineer hairman	
					A DAMESTO CONTRACTOR OF THE PARTY OF THE PAR	
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
PS-T-0034	Toner Cartridge Black - CT202496	10	рс	₽	P	
	Toner Cartridge Cyan - CT202497	10	рс	₽	P	
PS-T-0036	Toner Cartridge Magenta - CT202498	10	рс	₽	P	
PS-T-0037	Toner Cartridge Yellow - CT202499	10	рс	P	P	
	Waste Toner - CWAA0885	8	рс	P	P	
	TOTAL AMOUNT				P	
	Please write total amount in words					
	Flease write total amount in words					
	Place of Delivery: Valencia City, Bukidnon					
	Please specify brand name, if applicable.					
DUBBOSE	For use in the daily operation of DPWH Bukidnon 4	h District Fr	ngineering (Office for 2nd Quarter of	2025	
PORPOSI	2. For use in the daily operation of DI will building in	en bisence Ei	igineering (Since for End Quarter of		
Brand and Model:			Warranty:			
Delivery Period:			Price Validity:			
Afte note a	er having carefully read and accepted your Gene bove. If the space for Delivery Period, Warrant the Terms and Conditions specified by DPWH.	ral Conditi y and Price	ons, I / W Validity a	e quote you in the iter are left blank, it means	m(s) at prices s that I concur	
BAC-Secretariat: Tel. No. (088) 537 1424			Printed Name/Signature/Date			
			Tel. No./Cellphone No./E-mail Address			