

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS NORTHERN SAMAR 2nd DISTRICT ENGINEERING OFFICE Brgy. Burabud, Laoang, Northern Samar, Region VIII



						and one Plair	4040	
				P.R. No.) :				
Revised on :		Date			Date :			
Standard Form/Title :		REQUEST FOR QUOTATION Office/End-User			nd-User :	Maintenance Section		
COMPA	NY NAME :							
ADDRESS :								
TEL. NO	./FAX No.							
TIN								
signed by	your representativ	est price on the item(s) listed belower not later than 2:00 P.M. of $\frac{12}{2}$ g, Northern Samar.	ow, subject to the Tel	rms and C ne return e	onditions sta envelope atta	ted below and sub ched herewith, Pro	mit your quotation duly ocurement Unit, 2nd	
TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. 2. Delivery period within 15 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 mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user. 4. Price validity shall be for a period of sixty (60) calendar days. 5. PhilGEPS Certificate, DTI-COR, BIR-COR, Mayor's Permit, Latest BIR ITR, Tax Clearance and Omnibus Sworn Statement, shall be attached upon submission of the quotation. 6. Bidders shall submit original brochures of the product . 7. Please indicate the brand for each items being offered. 8. The approved budget ceiling for this procurement is P 999,980.00							igineer III	
Item No.	_	ITEMS & DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1		Paint, White (16 ltrs)		44	Pail			
3		: Paint, International Orange (16 Ltrs) : Paint, Black (16 Ltrs))	6	Pail Pail			
4	Paint rollers 4"	. Family black (10 Lusy		54	Pcs.			
5	Paint brush 4"			84	Pcs.		_	
						-		
TOTAL AN	MOUNT IN WORDS							
Depend or	nd Model :			Momonto				
Delivery		0 St		Warranty Price Val		2		
		read and accepted your General (•	at prices note abo	ve. If the space for	
Telephone No.: c/o edmund somoray					Printed Name/Signature/Date			
email: edmundsomoray@yahoo.com					Tel. No. /Cellphone No. / E-mail Address			