

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

AGUSAN DEL SUR 2ND DISTRICT ENGINEERING OFFICE

San Francisco, Agusan del Sur, Region XIII



Name of Procurin	ng Entity	DPWH Agusan del Sur 2nd DEO		Red	quest for Qu	otation (P.R No.):	024-12-619	
Revised on		:					12/20/2024	
Standard form/Title		: REQUEST FOR QUOTATION	Office/End-User: Maintenance Section					
Mode of Procurer	ment	: Small Value						
COMPANY NAM	1E	:				PHILGEPs No.:		
ADDRESS		: TCC No.:						
TEL NO./FAX No.		:				TIN No.:		
		on the items listed below, subject to the T						
San Francisco, Ag		ecember 26, 2024 @ 1:00pm and subn	nic the hard copy to the br	ac secreta	ariat for Got	DUS AL DPWH ADS 2	thu DEO Brgy. Karaos,	
	CONDITION	NS:						
1. All entries	s must be type	written or legibly written.						
, ,	ve penalties pu	calendar days upon receipt of the approrsuant to Sec. 69 of the revised IRR of RA		. ,	ery without		\wedge	
3. Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year f (3) years IT Equipment from date of acceptance by the end-user.								
	-	a period of sixty (60) calendar days.				1 \	WILFRED R. VISAYA	
5.Shall be at		ubmission of the quotation.					nt District Engineer	
H	Mayor's/Busin					BAC-	Chairperson	
		cense/Curiculum Vitae (Consulting Services) istration Certificate						
	PCAB License							
님		essTax Return (for ABCs above P500K)						
H		Omnibus Sworn Statement (for ABCs above P500K)						
ئے 6. Bidders sl		inal brochures of the product.						
	_	d and model for each items being offered.						
		Q will be on a lump-sum basis. Prospective for disqualification.	ve Suppliers must quote for	all of the	items.			
9. The appro	oved budget ce	iling for this procurement/s is Php52,600						
Item No.		ITEMS & DESCRIPTION	l .	QTY	UNIT	UNIT PRICE	TOTAL PRICE	
1		s 235/75 R15 108T. EC11922		4	pcs			
2	Battery N/O	, S/N, 715292213 3SMF, N70ZL, D31I	L	1	рс			
							_	
					Ì			
					 			
Purpose: Use for	Service Vehicle	e Isuzu D-max Rzae Bearing Plate #: 1516	5-01 with DPCN No. H1-860	5 assign ir	this office.		<u>-</u>	
Please specify i	brand names	and model, if applicable		14/				
-	Jolivany Bariad		Di.a	warranty:				
After	having care Delivery Pe	fully read and accepted your Ger riod, Warranty and Price Validity	neral Conditions, I/W	e quote	you on th	e item(s) at pr	ices note above. If	
Tel. No.			Telefax:			Printed Name/Signature/Date		
				_				
						Tel No./Cellphone	No./ mail address	
R13.12/BAC/TSE/JA	AS							