

Contract Name : Supply/Delivery of 1 Unit Air Conditioner DC Inverter Split-Type (MID 2.5 hp FCU HW AF1 Series) for Use in the Procurement Unit
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Location of the Contract : DPWH Cotabato 1st DEO

Name of the Procuring Entity : DPWH-COTABATO 1ST DEO

Request for Quotation No. : 2025-02-0009

Revised on:

Date: February 03, 2025

Standard Form/Title:	<b>REQUEST FOR QUOTATION</b>
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Office/End-User: Procurement Unit

**COMPANY NAME**

**ADDRESS**

TEL.NO./FAX NO.

**TIN:**

Please quote your lowest price in the items(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 **February 13, 2025**, in the return enveloped attached herewith, to the BAC Secretariat, DPWH-Cotabato 1st District Engineering Office, Villarica, Midsayap, Cotabato.

**TERM AND CONDITIONS:**

1. All entries must be typewritten or legibly written.
2. Delivery period within **Fifteen (15 CD)** 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; 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. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation
6. Bidders shall submit original brochures showing certification of the product.
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is **Php66,015.00**
9. All documentary requirements for the **Small Value Procurement** including the signed and notarized **Sworn Statement** shall be attached upon submission of the quotation.
10. **Quotation thru mail/fax will not be accepted**

**EVELYN L. DILANGALEN**

Engineer III

BAC Chairperson

[illegible]

**AMOUNT IN WORDS:**

<b>Brand and Model:</b>	
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**Warranty :**

**Delivery Period:**

**Price Validity :**

**Delivery Period:** \_\_\_\_\_ **Price Validity:** \_\_\_\_\_  
*for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Condition specified by DPWH.*

Tel No. (064) 577-0389

Telefax No. (064) 577-0389

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*Printed name/Signature/Date*

Tel No./Cellphone No./E-mail Address