



BAGONG PILIPINAS

Name of Procuring Entity:		Request for Quotation		P.R. No.: 24-10-172	
Revised on:				Date: 10/24/2024	
Standard Form/Title:		Office/End-User:		MAINTENANCE SECTION	
COMPANY NAME :					
ADDRESS :					
TEL NO./FAX NO. :		TIN :			

Please quote your lowest price on the item(s) listed below, subject to the Terms and Condition stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of

NOV 05 2024. in the return enveloped attached herewith, to the BAC Secretariat, DPWH Compound,
Segabe, Piñan, Zamboanga del Norte.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery period within thirty (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; 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 P 58,800

SANTIAGO D. TOLENTINO II
Assistant District Engineer
BAC, Chairperson

[illegible]**Purpose:**

Supply and Delivery of 6 sets of Tire w/ Inner Tubes and Flaps 7.50R16
For use in the preparation of replacing defective parts of HINO 300 plate # 040105
assigned in the 1st Engineering District-Maintenance Section

Total Amount

Brand 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.

Telefax: 065-213-6395
dpwh_segabe@yahoo.com

Printed Name / Signature / Date

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