

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

LOWER KALINGA DISTRICT ENGINEERING OFFICE

Bulanao, Tabuk City, Kalinga

| B | ame of Procuring Entity: DPWH-KDEO evised on: | | Request for Quotation(P.R. No): PR2024-06-0076 | | | |
|--|---|---|--|--------------|----------------|-------------------|
| I | tandard Form/Title: REQUEST FOR QUOTATION | | Office/E | nd ueor | Date: | 11-Jun-24 |
| Cilico/Life doci. | | | | | | |
| COMPANY NAME: | | | | | | |
| ADDRESS : | | | | | | |
| TEL. NO./FAX NO.:TIN No. | | | | | | |
| Please | quote your lowest pric | e on the item(s) listed below, subject to | the Terms ar | nd condition | s stated below | w and submit vour |
| quotation duly signed by your representative not later than 10:00 A.M. of June 24, 2024 in the return envelope attached | | | | | | |
| nerewith, to the BAC Secretanat for Goods, DPWH-KDEO Bulanao, Tabuk City, Kalinga. | | | | | | |
| TERMS and CONDITIONS: | | | | | | |
| 1.All entries must be typewritten or legibly written. | | | | | | |
| 2.Delivery period within 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 w/o valid reason | | | | | | |
| Warranty shall be for a minimum of three months for supplies & materials; one year warranty for equipment from date of acceptance by the end-user. | | | | | | |
| 4. Price validity shall be for a period of sixty (60) calendar days. | | | | | | |
| 5. PhilEPS Registration No., Mayor's Permit, DTI, Income/Business Tax Return and Omnibus Sworn Statement shall | | | | | | |
| | | | | | | DER L. COLANGAN |
| 6. Bidders shall submit original brochures showing certifications of the product if applicable. BAC Chairman | | | | | | |
| 7.Please indicate the brand for each items being offered | | | | | | |
| 8. The ap | proved budget ceiling for this | | _ | | | |
| Item no | | MS & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
| Purche 1 | Toward Table 141. | ixtures for use of Quality Assurance | 1 | | ative Section | , DPWH-LKDEO |
| 2 | Executive Table with G | | 2 | units | | |
| 3 | Excutive Chair (High B Sofa (1 long, 2 singles, | | 2 | units | | |
| 4 | | W x 60"L x 80"H with 3-drawers and 3- | 1 1 | set | | |
| • | frame glass cover | W X 00 L X 00 11 With 3-drawers and 3- | 1 | unit | | |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ************************************** | - | | | |
| • | 700000000000000000000000000000000000000 | | | ` _ | | |
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| Total Am | ount in Words: | | | <u> </u> | · | |
| Brand a | and Model: | Warranty: | | | | |
| Delivery Period : Price Validity: | | | | | | _ |
| • | *************************************** | . 1100 Validity. | | | | - |
| After I | having carefully read a | nd accepted your General Conditions, L | We quote vo | u on the ite | m(s) at nrices | note shows If the |
| space f | or delivery Period, War | ranty and Price Validity are left blank, it | means we ar | e menable | the terms and | Condition stated |
| space for delivery Period, Warranty and Price Validity are left blank, it means we are menable the terms and condition stated above. | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | Printed Name/Signature/Date | | | |
| | | | - | | | |
| | | Tel. No./ Cellphone No. / E-mail Address | | | | |
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