

[(+63)908 816 6091] dwphbng2bac@gmail.com





Repubic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
BENGUET 2ND DISTRICT ENGINEERING OFFICE
Natubleng, Buguias, Benguet, Cordillera Administrative Region

Name of Procuring Entity:		Department of Public Works and Highways - Benguet 2 nd District Engineering Office		Request for Quotation (P.R No.):		PR No. PR2024-12-087 dated December 2, 2024	
Revised of					Date:		
Standard	Form/Title:	REQUEST FOR QUOTATION (SHOPPING)		Office/I	End User:	Procurement Unit	
(COMPANY NAME: :						
	ADDRESS: :						
Т	TEL. NO./FAX NO. ;					TIN:	
Please quote your lowest price on the item(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 Dece envelope attached herewith, to the BAC Secretariat for Goods, DPWH-BSDEO.						mber 10, 2024	in the return
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 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-PFS Registration Certificate and Mayor's Permit shall be attached upon submission of the sealed quotation. NOTE: Please submit three (3) duly certified photocopies of each document stated in term and condition no. 5 and original copy of this accomplished RFQ & two (2) certified photocopies) 6. Bidders shall submit original brochures of the product. 7. Please indicate the brand for each items being offered.					PATERNO C GONZALO Chier, Administrative Section BAC Vice Chairperson		
	The approved budget ceiling for this procurement is Php232,840.00						
Item		ITEMS & DESCRIPTIONS	Brand/Model	QTY	UNIT	UNIT PRICE	TOTAL PRICE
No.	Cian Dan Black lia	id/act into 0 Frame people tip 12c/hay	· ·	+	h		
1		id/gel ink, 0.5mm needle tip, 12s/box		2	box		
3		d/gel ink, 0.5mm needle tip, 12s/box ack, 0.4mm needle tip, 12s/box		2	box box		
4		ie, 0.4mm needle tip, 12s/box		2	box		
5	Double sided tape,			10	piece		
6		metal, 70mm between prongs, 50sets/box		30	box		
7	Correction Pen, Fluid			10	piece		
8 9		etal, clamping, 50mm (-1mm) ype-C, at Least 3-outlets		5 5	box		
10		g, Kraft, Legal Size, 100s/box		10	box box		
11		g, plastic, Legal, Navy Blue		100	piece		
12		e folder, royal blue with DPWH logo, A4, side clip (portrait)		60	piece		
13		plain, Legal, 100s/box		1	box		
14	Scissors, 6" stailess			5	pair		
15		black, felt tip, bullet type		2	box		
	Note Pad, stick-on,	blue, felt tip, bullet type		30	box		
	Note Pad, stick-on,			30	pad pad		
19	Note Pad, stick-on,			30	pad		
		L0mm x 297mm, A4, 80gsm		100	ream		
		ım, Glossy, 210mm x 297mm		6	pack		
22	Tissue paper, 4-ply,			20	pack		
		here", 1/2, 100s/pad		50	pad		
24 25	Staple Wire, standar Tape dispenser, tab			10 2	box		
26	Tape dispenser, tab			10	piece roll		
27	Tape, Transparent,			10	roll		
28	Record Book, 300 p	ages, size 214mm x 278mm min		5	book		
	Ink Refill, Epson L14			10	bottle		
	Ink Refill, epson L14			10	bottle		
	Ink Refill, Epson L14 Ink Refill, epson L14	· •		10 10	bottle bottle		
	Ink Refill, Epson 00			20	bottle		
	Ink Refill, Epson 00			20	bottle		
	Ink Refill, Epson 008			20	bottle		
	Ink Refill, Epson 00			20	bottle		
37		gital, heavy duty, 25 liters		1	unit		
	*****NOTHING FO	LLUWS****					
	OVER ALL TOTAL						
Brand and Model: Warranty:							
Delivery Period : Price Validity:							
After havii	ing carefully read and acce	epted your General Conditions, I/We quote you on the item(s) at prices not	e above. If the				
space for	Delivery Period, Warranty	and Price Validity are left blank, it means that I concur with the Terms an	d Conditions specified by the DPWH.				
For furth	er information, please	refer to:					
	CARMENCITA P. TICTIC HEAD - BAC Secretariat					Printed Name/S	ignature/Date

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