Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
NORTHERN SAMAR 2nd
DISTRICT ENGINEERING OFFICE
Brgy. Burabud, Laoang, Northern Samar, Region VIII

BAGONG PILIPINAS

Name of Procuring Entity :	N. Samar 2nd DEO	Request for Quotation (P.R. No.) :	**2024-11-0091**
Revised on :		Date :	
Standard Form/Title :	**REQUEST FOR QUOTATION**	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 Conditions stated below and submit your quotation duly signed by your representative not later than 2:00 P.M. of _____ in the return envelope attached herewith, Procurement Unit, 2nd Floor, Brgy. Burabod, Laoang, Northern Samar.

TERMS and CONDITIONS :
1. All entries must be typewritten or legibly written.
2. Delivery period within _____ 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 mininum 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. PhilGEPS Certificate, DTI-COR, BIR-COR, Mayor's Permit, Latest BIR ITR,Tax Clearance and Omnibus Sworn Statement, shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product .
7. Please indicate the brand for each items being offered.
8.The approved budget ceiling for this procurement is **P 680,000.00**

for:
FRANCISCO Y. TAÑALA
Engineer III
BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	DIESEL FUEL	10,000	ltrs		

TOTAL AMOUNT IN WORDS _____

Brand and 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

Telephone No.: _____
c/o edmund somoray
email: edmundsomoray@yahoo.com

Printed Name/Signature/Date

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