



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 **December 11, 2024** in the return envelope attached herewith, to the BAC Secretariat for Goods, DPWH Cam. Sur 3rd, Baras Canaman, Camarines Sur

1. All entries be typewritten or legibly written
2. Delivery period within **20 cd** upon receipt of the approved funded Purchased Order (PO) Administrative Penalties pursuant to Sec. 69 of 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 and materials; one year for equipment; 3 years for IT equipment from the date of acceptance by the end user
4. Price validity shall be for a period of sixty (60) calendar days
5. Mayor's Permit, Philgeps, DTI, Tax Clearance, Income/Business Tax Return, Omnibus 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 item being offered, (if applicable)
8. The approved budget ceiling for this procurement is **Php. 994,625.00**

ITEM NO	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Premium 95 Octane	200	liters		
2	Unleaded 91 Octane	3.250	liters		
3	Diesel	6.100	liters		
4	Turbo Diesel	1.400	liters		
5	2T Oil	162.50	liters		
	X-X-X-X-X--nothing follows-X-X-X-X-X	TOTAL			

Purpose: Procurement of Fuels for Use in Maintenance Section For CY-2024 (4th Quarter)	
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Note: The awarding for this RFQ will be a lump-sum basis Prospective Bidders/ Suppliers must quote for all the items otherwise they will be subjected for disqualification.

Brand and Model: _____ Warranty: _____
Delivery Period: _____ Price Validity: _____

After having carefully read and accepted your General Condition, I/we quote you on item(s) at prices note above if the spaces for Delivery Period, Warranty and price validity are left blank, it means that I concur with the Terms and conditions specified by DPWH.

Printed Name/ Signature/Date

Tel. No/Cellphone/E-Mail Address