| Republic of the Philippines<br>DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS<br><b>ILIGAN CITY DISTRICT ENGINEERING OFFICE</b><br>Seminary Drive, Del Carmen, Iligan City (Region X)   |   |  |                         |                   |             |
|--|---|--|-------------------------|-------------------|-------------|
| Name of Procuring Entity: DPWH-Iligan City DEO Request for Ouotation : 2025-02-0003  |   |  |                         |                   |             |
| Revised on:  |   |  | Date: February 28, 2025 |                   |             |
| Standar  | d Form/Title: REQUEST FOR QUOTATION       |  | Office/End              | l-User: Maintenan | ce Section  |
| COMPANY NAME:<br>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 pm of <b>March 07, 2025</b> the return envelope attached herewith, to the BAC Secretariat, Iligan City District Engineering Office, Seminary Drive, Del Carmen, Iligan City.   |   |  |                         |                   |             |
| <b>TERMS and CONDITIONS:</b> 1. All entries must be typewritten or legibly written.         2. All entries must be typewritten or legibly written.   |   |  |                         |                   |             |
| <ul> <li>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.</li> <li>3. Warranty shall be for a minimum of three (3) months for supplies &amp; materials; one (1) year for Equipment from date of acceptance by the end-user.</li> <li>4. Price validity shall be for a period of sixty (60) calendar days.</li> <li>5. Attach Certified True Copy of PhilGeps Registration Number, Mayor's Permit and Omnibus Sworn Statement (if ABC is above 50K). Income, Business Tax Return; if ABCs above P500K.</li> <li>6. The Approved budget ceiling for this procurement is 5.0,000.000</li> <li>7. RFQ must be signed by an authorized signatory.</li> <li>8. Bidders shall submit original Brochures of the product (if applicable)</li> <li>9. Please indicate the brand for each items being offered.</li> <li>10.Bidder/s shall submit sealed quotation.</li> <li>11.All interested suppliers must submit their respective request for Quotation personally at DPWH-Iligan City DEO.</li> </ul> |   |  |                         |                   |             |
| Item<br>No.  | ITEMS & DESCRIPTION                       | QTY.   | UNIT                    | UNIT PRICE        | TOTAL PRICE |
|  | Measuring Wheel ( Heavy Duty )            | 5  | pcs                     |                   |             |
|  | Long Tape ( 100mtrs ) ( Heavy Duty )      | 5  | pcs                     |                   |             |
|  | **Nothing Follows**                       |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   |  |                         |                   |             |
|  |   | Notes:         1. Specifications of main equipment must be indicated or reflected in the original brochure, manual or technical papers that can be downloaded or reflected in the website of the manufacturer.         2. Accessories shall be noted "complied" on the bidding documents and shall be checked for compliance upon delivery.         3. Other Requirements shall be supported by Certificate/s or Documents supporting its compliance.         4. All technical specifications issued prior to the date of this issuance are considered invalid/obsolete. |                         |                   |             |
|  |   | L  |                         |                   |             |
|  |   |  |                         |                   |             |
|  | TOTAL AMOUNT                              |  |                         |                   |             |
|  | Please write total amount in words        |  | <b> </b>                |                   |             |
|  | Please specify brand name, if applicable. |  |                         |                   |             |
| P.R. No.: 2025-02-0005 For use in Inventory of FCD and NGOB of Maintenance Section.  |   |  |                         |                   |             |
| Brand and Model: Warranty:   |   |  |                         |                   |             |
| Delivery Period: Price Validity:<br>After having carefully read and accepted your General Conditions, I / We quote you in the item(s) at prices<br>note above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur<br>with the Terms and Conditions specified by DPWH.<br>BAC-Secretariat: Printed Name/Signature/Date  |   |  |                         |                   |             |
| Email: dpwh.ilgcdeo@gmail.com  |   |  |                         |                   |             |

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

-