

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS ILIGAN CITY DISTRICT ENGINEERING OFFICE Region X

	Seminary Drive, Del C		City			
	Procuring Entity: DPWH-Iligan City DEO		Request for		2025-07-0078	
Revised			Date:	July 24, 2025	o dol Cur	
Standard	d Form/Title: REQUEST FOR QUOTATION		Office/End	l-User: PMO - Lana	o del Sur	
COMPA	NY NAME:				L TELE	
ADDRE				TIN:		
	O./FAX NO.: se quote your lowest price on the item(s) listed below, subject to	the Terms	and Conditio	one stated below as	od submit vour	
quotatio	on duly signed by your representative not later than 2:00 pm of J	July 28, 20	25 the retu	rn envelope attache	ed herewith, to the BAC	
Secreta	riat, Iligan City District Engineering Office, Seminary Drive, Del C	armen, Iliga	n City. 7			
					_	
TERMS	and CONDITIONS:					
1. All entr	ries must be typewritten or legibly written.					
Purchas	y period within thirty (30) c.d. upon receipt of the approved funded se Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revised 9,184 shall be imposed for non-delivery without valid reason.			ARK ANTHONY	CRADELLEC	
<ol><li>Warrar</li></ol>	nty shall be for a minimum of three (3) months for supplies & materials; one (1)	year for Equipm	nent			
from date of acceptance by the end-user. 4. Price validity shall be for a period of sixty (60) calendar days.  BAC Chairman						
<ol><li>Attach</li><li>ABC is</li></ol>	5. Attach Certified True Copy of PhilGeps Registration Number Mayor's Permit and <b>Omnibus Sworn Statement</b> (If ABC is above P50K). Income/Business Tax Return if ABCs above P500K. 6. The Approved budget ceiling for this procurement is P 433,050.00					
6. The Ap	proved budget ceiling for this procurement is <b>P 433,050.00</b> just be signed by an authorized signatory.		Su	pplier must quote for	r all of the items. Any	
8. Bidders	7. RFQ must be signed by an authorized signatory.  8. BFQ must be signed by an authorized signatory.  9. Please indicate the brand for each items being offered.  Supplier must quote for all of the items. Any erasure, correction or alteration made by the Supplier in any of the items shall render the					
10.Bidder	r/s shall submit sealed quotation.	- DDIMI III	ı bio	non-complying, her	ice, a ground for	
11.All inte	erested suppliers must submit their respective request for Quotation personally a	t DPWH-Iligan	Lity		j	
Item	ITEMS & DESCRIPTION	Qty.	Unit	UNIT PRICE	TOTAL PRICE	
No.						
_	Industrial Gas Chemical Mask	20 50	pcs.			
	Steel Brush	10	pcs.			
	Heavy Duty Fuel Container (20 li) Steel Plate (18mm)	4	pcs.			
	Paint Roller 6"	100	pcs.			
_	Paint Brush 4"	100	pcs.			
	Paint Brush 1"	100	pcs.			
	Paint Scripper 4"	100	pcs.			
	Herbicide	100	ltrs.			
	2,4-D Herbicide Mix	27	ltrs.			
	Work Safety Gloves	50	pcs.			
	***nothing follows***					
			-			
				1		
				-		
				+		
Notes:				· ·		
	cifications of main equipment must be indicated or reflected in the original bro ebsite of the manufacturer.	chure, manual	or technical p	papers that can be dow	nloaded or reflected in	
2. Acce	essories shall be noted "complied" on the bidding documents and shall be chec			livery.		
3. Oth	er Requirements shall be supported by Certificate/s or Documents supporting	its compliance				
	TOTAL AMOUNT					
	Please write total amount in words					
	Diago enosity brand name if applicable			-		
	Please specify brand name, if applicable.					
D D N-	.: 2025-07-0092 Procurement of Handtools for Road Side Main	tenance Wo	rkere within	2nd district Lange	del Sur.	
r.K. NO	2023-07-0032 Procurement of Handwork for Road Side Maint	CHAILE WO	INCIS WILIIII	. LIN GISTITCE Laildt		
Brand a	and Model:		Warranty			
Delivery Period:			Warranty: Price Validity:			
After having carefully read and accepted your General Conditions, I / We quote you in the item(s) at prices note						
abo	itter having carefully read and accepted your General Con ve.  If the space for Delivery Period, Warranty and Price \	/alidity are	left blank	, it means that I	concur with the	
	ms and Conditions specified by DPWH.			9		
	BAC-Secretariat:			inted Name (Cinnet	uro/Dato	
Email: dpwh.ilgcdeo@gmail.com			Printed Name/Signature/Date			

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