



Request for Quotation

P.R. No.:

Revised on:

Date:

6/3/2024

Standard Form/Title:

Office/End-User:

ADMIN. 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 Condition stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of

JUN 07 2024 . in the return enveloped attached herewith, to the BAC Secretariat, DPWH Compound,
Segabe, Piñan, Zamboanga del Norte.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
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
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-EPS Registration Certificate/Mayor's Permit/DTI 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.
8. The approved budget ceiling for this procurement is P_____ 159,600.00
9. Bidders shall submit omnibus sworn statement for SVP w/ ABC above 200 thousand pesos but not more than 1 million as per ANNEX "H" Appendix "A" of the Rev. IRR of RA 9184

~~RAMON E. BARRERA, JR.~~

Engineer III
BAC-Chairperson

Purpose:	Supply and delivery of 420 pax meals for the 28th DPWH Annual Anniversary celebration of the 1st District Engineering Office Segabe, Piñan Zamboanga del Norte.
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Total Amount

Brand 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 Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.

Telefax: 065-213-6395
dpwh_segabe@yahoo.com

Printed Name / Signature / Date

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