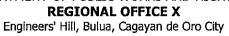


## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS





Name of F	Procuring Entity:		Request for	or Quotation (P.R	. No.): X10-24-03-129
Revised o	n:		Date:	March 27, 2024	
Standard	Form/Title: REQUEST FOR QUOTATION		Office/Enc	l-User: ROWALD	
COMPAN	IV NAME.				
COMPANY NAME: ADDRESS:					
TEL. NO./FAX NO.:					
Please quote your lowest price on the item(s) listed below, subject your quotation duly signed by your representative not later than 10:0 herewith, to the BAC Secretariat, 2nd Floor Administration Building, I Oro City.  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			am oMAY 1 7 2024, the return envelope attached WH Regional Office X, Engineers' Hill, Bulua, Cagayan de VIRGIE G. NAYVE, AEr Chief, Construction Division		
Equipment from date of acceptance by the end-user.  4. Price validity shall be for a period of sixty (60) calendar days.  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.  6. The Approved budget ceiling for this procurement is Php 128,279.80  7. RFQ must be signed by an authorized signatory.  8. Bidders shall submit original brochures of the product (if applicable)  9. Please indicate the brand for each items being offered.  10. Bidder/s shall submit sealed quotation.					
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
OS-K-022	Maintenance Kit	1	рс		
OS-B-025	Box Waste H ASSY SP	1	рс		
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&				
	TOTAL AMOUNT				P
	Please write total amount in words				
					***************************************
		,			
		•			
			! 		-
				·	
					. ,
	Please specify brand name, if applicable.				
	Replacement of spare parts of Kyocera Multi Funct	ion Laser Co	l nier TASKAL	FA 4053CI	
	<u> </u>				
Brand and Model: Delivery Period:			Warranty: Price Validity:		
prices that I	er having carefully read and accepted your Gen note above. If the space for Delivery Period, V concur with the Terms and Conditions specifie	Narranty ar	nd Price Va		
BAC-Secretariat: Tel. No. 853-2012 Fax No. 853-2060			Printed Name/Signature/Date		
			Tel. No./Cellphone No./E-mail Address		