

Name of Procuring Entity:

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS **REGIONAL OFFICE X**





Engineers' Hill, Bulua, Cagayan de Oro City

Revised or	n:			Date:	April 22, 2024		
Standard Form/Title:		REQUEST FOR QUOTATION		Office/End-User: ADMINISTRATIVE DIVISION			
COMPANY NAME: 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 10:00 am of MAY () 2 2024, the return envelope attaches herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan of City.							
	and CONDITIO	NS:			() MA		
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 (1) year for 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 89,127.50 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.						uction Division nairman	
Item No.	ITEM	S & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
	Fiber Glass Resi Gold in Vintage ef Citation on Gold M		35	рс		P	
	-&&&&&&&&&&	\$&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&				D.	
	TOTAL AMOUNT Please write total amount in words					P	
	ricas	e write total amount in words					
	1						
				1.			
	Please specify b	rand name, if applicable.	- "				
PURPOS		ne DPWH Regional Office X Loyalty	Award.	-	<u> </u>		
Brand and Model:				Warranty:			
Delivery Period:				Price Validity:			
prices	note above. If	lly read and accepted your Gen the space for Delivery Period, V Terms and Conditions specifie	Varranty a	nd Price Va			
BAC-Secretariat: Tel. No. 853-2012 Fax No. 853-2060			·	Printed Name/Signature/Date			
				Tel. No./Cellphone No./E-mail Address			