



Name of Procuring Entity:	Request for Quotation (P.R. No.): X6-24-07-287
Revised on:	Date: July 9, 2024
Standard Form/Title:	Office/End-User: MAINTENANCE DIVISION
<b>REQUEST FOR QUOTATION</b>	

**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 DEC 02 2024, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de 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 (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 266,500.00**
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.

**VIRGIE G. NAYVE, AEC**  
Chief, Construction Division  
BAC Chairman

**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 bid non-complying, hence, a ground for disqualification.**

<b>Item No.</b>	<b>ITEMS &amp; DESCRIPTION</b>	<b>QTY.</b>	<b>UNIT</b>	<b>UNIT PRICE</b>	<b>TOTAL PRICE</b>
OS-A-005	Apprehension Form w/ Carbonized Duplicate Long Size (100 shts/pad)	500	pad		P
	-&&&&&&&&&&&&&&&&&&&&&&&&-				
	<b>TOTAL AMOUNT</b>				P
	Please write total amount in words				
	Please specify brand name, if applicable.				

**PURPOSE:** For use in Weighbridge Station operation, Maintenance Division.

Brand and Model: \_\_\_\_\_  
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 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.

**BAC-Secretariat:**  
**Tel. No. 853-2012**  
**Fax No. 853-2060**

Printed Name/Signature/Date

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