

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS





Name of Procuring Entity:			Request for Quotation (P.R. No.): X7-24-11-491		
Revised on: Standard Form/Title: REQUEST FOR QUOTATION			Date: November 7, 2024 Office/End-User: PDD		
Stariuaru	Formy fixe. REQUEST FOR QUOTATION		Office/Lift	-OSEI. FDD	· · · · · · · · · · · · · · · · · · ·
COMPAN ADDRES	IY NAME:				
TEL. NO./FAX NO.:			TIN:		
Please quote your lowest price on the item(s) listed below, subject to the your quotation duly signed by your representative not later than 10:00 am attached herewith, to the BAC Secretariat, 2nd Floor Administration Building 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 Equipment from date of acceptance by the end-user.			of NOV 1 2 2024, the return envelope g, DPWH Regional Office X, Engineers' Hill, Bulua, VIRGIE G. NAYVE, AEr Chief, Construction Division		
5. Attach O Statemen 6. The Appr 7. RFQ mus 8. Bidders s 9. Please in	idity shall be for a period of sixty (60) calendar days. ertified True Copy of PhilGeps Registration Number, Mayor's Permit to tif ABC is above 50K), Income/Business Tax Return if ABCs roved budget celling for this procurement is Php 297,600.00 at be signed by an authorized signatory. Shall submit original brochures of the product (if applicable) idicate the brand for each items being offered. It is shall submit sealed quotation.	and Omnibus above P500	OK. E SU An	y erasure, corr	ote for all of the items. ection or alteration made any of the items shall n-complying, hence, a alification.
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Meals (for 8 days)	62	pax	- #	Р
	*AM Snacks				
	*Lunch				
	*PM Snacks				
	*with flowing coffee				
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&				
	TOTAL AMOUNT				P
	Please write total amount in words				
				·····	
	Please specify brand name, if applicable.				
PURPOS	E: For use in the Conduct of Workshop on the Updatir	ng of Projec	t Profiles for	the Conduct	of Feasibility Studies on
	9, Nov. 25-26, Dec. 2-3, Dec. 9-10, 2024.				·
Brand and Model:			Warranty:		
Delivery Period:			Price Validity:		
prices	er having carefully read and accepted your Gene note above. If the space for Delivery Period, W concur with the Terms and Conditions specified	Varranty a	nd Price Va		
BAC-Secretariat: Tel. No. 853-2012			Printed Name/Signature/Date		
Fax No. 853-2060			Tel. No./Cellphone No./E-mail Address		