

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS LAGUNA 2ND DISTRICT ENGINEERING OFFICE



Los Baños, Laguna, Region IV-A

Name of Procuring Entity: DPWH-LAGUNA 2ND DEO				Request for Quota		
Revised on:				Date:	June 20, 202	
Standard Form/Title:		REQUEST FOR QUOTATIO	N	Office/End-user:	Maint	tenance Section
COMPANY I						
ADDRESS:						
TEL. NO./F/	AX NO. :	<u> </u>	TIN:			
		st price on the item(s) listed below, subject to bur representative not later than 9:00 A.M .				
TERM 1						
2	Delivery period within Fifteen (15) calendar days upon receipt of the approved funded Purchase Order (P.O.) dministrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall imposed for non-delivery without valid reason.					
3	Warranty shall be for a minimum of three (3) months for supplies and materials; one (1) year for Equipment; three (3) years IT Equipment from date of acceptance by the end-user.			DWIGHT JOHN B. ASTOM BAC Chairperson		
4	Price validity shall be for a period of sixty (60) calendar days.					
5	PhilGEPS Registration Certificate/Mayor's Permit/Tax Clearance/DTI/SEC shall be attached upon submission of the quotation.			(PBAC Chairp	epson
6	6 Bidders shall submit original brochures of the product.					
7	Indicate the brand for each items being offered.					
8	RFQ can be submitted in person or thru registered mails, facsimile or authorized email.					
9	The approved budget ceiling for this procurement is P 999,285.00					
ITEM		DESCRIPTION	QTY.	UNIT	UNIT PRIC	CE TOTAL PRICE
NO.	Assist Disse Miss					
0102 /	Asphalt Plant Mix (xxxx Nothing follows xxxx	614.00	pail /	70741 414011	
	AMOUNT IN W				TOTAL AMOU	MJ: [
Purpose:		Delivery of Asphalt Plant Mix Cold / Coldmix to and Quarter CY 2024	be usea witi	nin Laguna zno Di	istrict Engineer	ing Office, Los Banos,
Delivery Period:				Warranty: Price Validity:		
After having	and	accepted your General Conditions, I/ We quote you of Price Validity are left blank, it means that I concur				
Tel No & Telefax No. : (049) 557-2315				Printed Name/ Signature/ Date		
				Tel. No./ Cellphone No./ E-mail Address		
			*	Website: www. Tel. No(s).: (04		SOCOTEC ISO 9001