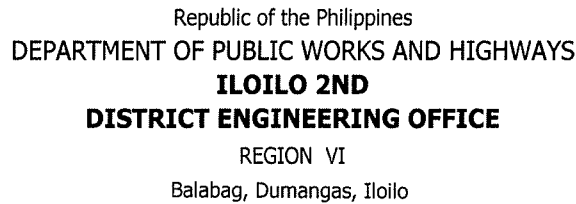


Tel. No. / Cellphone No. / E-mail Address



Name of Procuring Entity:		DPWH, Iloilo 2nd DEO	Request for Quotation (P.R. No.): Date: <div></div>		
Revised on:					
Standard Form>Title:		Procurement of Office Furniture for use in the office of DPWH Iloilo 2nd DEO, Balabag, Dumangas, Iloilo.			
Office/End-User:		Administrative Section			
COMPANY NAME:					
ADDRESS:					
TEL. NO./FAX NO.:		TIN:			
<p>Please quote you lowest price on 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 A.M. of <u>March 24, 2024</u> in the return envelope attached herewith, to the Procurement Unit, DPWH, Iloilo 2nd DEO, Balabag, Dumangas, Iloilo.</p> <p>TERMS AND CONDITIONS:</p> <ol style="list-style-type: none">All entries must be typewritten or legibly written.Delivery period within 2CD 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.Warranty shall be for a minimum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.Price validity shall be for a period of sixty (60) calendar days.G-EPS Registration Certificate,Mayor's/Business Permit,DTI (Sole Proprietor)/SEC (Corporation/Inc.), Tax Clearance and Omnibus Sworn Statement with Secretary Cert. for Corporation and SPA for sole proprietor shall be attached upon submission of the quotation.Bidders shall submit original brochures showing certifications of the product.Please indicate the brand for each items being offered.The approved budget ceiling for this procurement is P.<u>684,766.91</u> <div style="text-align: right; margin-top: -10px;">JERMAIN L. DEQUILLA BAC Chairperson</div>					
ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
5	OPEN STEEL RACK made of Steel Powder Coated Finish Feature: Adjustable Shelves, Dimension (W100xD45xH200cm)	27	unit		
6	CLERICAL CHAIR, Ergonomic, with airlift adjustment and tilt, Color black	9	unit		
	X X X X X X X X X X X X X X X X				
	The awarding for this RFQ will be on the lump-sum basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subject for disqualification.				
				Total -----	
Amount in Words:					
Brand and Model :		Warranty: _____			
Delivery Period :		Price Validity: _____			
<p>After having carefully read and accepted your General Conditions, I/We quote you on 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.</p>					
Contact No. 09101444697/09770294669 dpwh_iloilo2ed@yahoo.com & dpwh.ilo2deo@gmail.com		Printed Name / Signature Date <div></div>			
Tel. No. / Cellphone No. / E-mail Address <div></div>					