



M. Francisco, Siocon, Zamboanga del Norte

Name of Procuring Entity : DPWH-ZN 4th District Engineering Office

Request for Quotation No.

RFQ-2024-0020

Revised on :

Purchase Request No.

2024-03-0036

Standard Form/Title : REQUEST FOR QUOTATION

Office/End-User : M

Section

COMPANY NAME :

ADDRESS :

TEL. NO./FAX NO.

TIN No.

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 2:00 P. M. of APR 03 2024 in the return envelope attached herewith, to the BAC Secretariat for Goods, 4th District Engineering Office, M. Francisco, Siocon, Zamboanga del Norte

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 Calendar Days upon receipt of the approved funded Purchased 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 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. PhilGEPS Registration Certificate / Mayor's Permit / Income/Business Tax Return / Omnibus Sworn Statement / Tax Clearance Certificate shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certification of the product, if applicable
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is 587,500.00

~~JOEY PAUL LESTREL
BAC Chairperson~~

[illegible]

PURPOSE: To be used in the Erosion Control along Liliang-Sicoon Road K2024+000 - K2070+000 (intermittent Section) of this District Office.

Brand and Model:	Warranty :
Delivery Period:	Price Validity:

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 DPMH.

Printed Name / Signature / Date

Tel. No. / Cellphone No. / Email Address