Revised on : Standard Form/Title COMPANY NAME: Brand and Model Delivery Period Purpose: For the use 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. Item No Name of Procuring Entity 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 <u>April 01, 2024</u> in the return envelope attached herewith, to Ifugao Second District Engineering Office, Talite, Aguinaldo, Ifugao. aucterion. 6. Bidders shall submit original brochures of the product. 7. Please indicate the brand for each items being offered. 8. The approved budget ceiling for this procurement is Php. 60, 000.00. 1. All entries must be typewritten or legibly written. 2. Delivery period within 3 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 mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user. 4. Price validity shall be for a period of sixty (60) calendar days. 5. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the TERMS and CONDITIONS: 1. All entries must be troewritte <u>g</u> TEL. NO./FAX No. : Tires Tubeless (265x60xR18) ADDRESS of service vehicle in the Office of the Assistant District Engineer ITEMS & DESCRIPTION REQUEST FOR QUOTATION Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS IFUGAO SECOND DISTRICT ENGINEERING OFFICE Tailte, Aguinaldo, Ifugao Request for Quotation (P.R. No.): Warranty Price Validity tation (P.R. No.): 2044-02-0044 Date: 52-0|-24 Office/End-User: Office of the District Engineer QTY. 4 SUB-TOTAL CNIT pcs Tel. No. / Cellphone No. / E-mail Address TIN: ARNOLO O DACWAG Printed Name I Signature I Date Assistant Disrict Engineer UNIT PRICE BAC Chairperson **TOTAL PRICE**