



Request for Quotation (P.R No): ADMXIII-24-08-0197

Date: August 12, 2024

Office/End User: Records Management Unit

TEL. NO./FAX NO. :

TIN:

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 am September 3, 2024 in the return envelope attached herewith, to the Procurement Unit, Surigao del Norte 1st District Engineering Office, Dapa, Siargao Island, Surigao del Norte.

1. All entries must be typewritten or legibly written.
2. Delivery period within 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 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. PhilGEPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
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 68,869.00**

QUINTINIANO C. ARMENDAREZ, JR.  
BAC Chairperson

The awarding for this RFQ will be on lump-sum basis. Prospective suppliers must quote for all of the items, otherwise they will be subjected for disqualification.

<b>Purpose:</b> Common Office Supplies use for Records Management Unit.	
Brand and Model: _____	Warranty: _____
Delivery Period: _____	Price Validity: _____
Place of Delivery: <u>To be delivered at DPWH - SDN 1st DEO, Dapa, SDN</u>	Terms of Payment: <u>Cash on delivery NOT applicable</u>

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices noted above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Condition specified by the DPWH.

Tel. No.: _____	Telefax: _____	_____ Printed Name/Signature/Date
		_____ Tel. No./Cellphone No./E-mail Address