

Repubic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS BENGUET 2ND DISTRICT ENGINEERING OFFICE



Natubleng, Buguias, Benguet, Cordillera Administrative Region



Name of Procuring Entity:		Department of Public Works and Highways - Benguet Second District Engineering Office		Quot	est for ation No.):	RFQ No. 2024-09-045 dated September 23,2024 PR No. PR2024-09-065 dated September 16, 2024	
Revised	on:				Date:		
Standard	d Form/Title:	REQUEST FOR QUOTATION		Office /F	ad Hear	Administr	ative Section
	COMPANY NAME:	(SMALL VALUE PROCUREMENT)		Office/E	nd User:		
	COMPANT NAME:						
	ADDRESS: :						
	TEL. NO./FAX NO. :					TIN:	
quotatio envelope	n duly signed e attached herewith,	e on the item(s) listed below, subject to the by your representative not late to the BAC Secretariat for Goods, DPWH-BS	r than <u>10:00 A.M.</u> of	and submit you		tember 27,2024	in the return
1. All et 2. Delivo Adminis without 3. Warra 3 years 4. Price 5. G-EPS Omnibu NOTE: P and orig 6. Bidde 7. Pleas	ery period within 1. Itrative penalties pursu valid reason. anty shall be for a min for IT Equipment from Validity shall be for a S Registration Certific S Sworn Statement si Please submit three (Ininal copy of this accounts of indicate the brand for	itten or legibly written. days upon receipt of the approved funded in to Sec. 69 of the Revised IRR-RA 9184 in the second in th	shall be imposed for non-delivery sterials; one year for Equipment; income Tax, Business Tax Returns, and ded quotation. ment stated in term and condition no. ies.	5,		Assistant D	P. MAGNO istrict Engineer pairperson
8. The	approved budget c	eiling for this procurement is P	192,000	0.00			
Item No.	г	TEMS & DESCRIPTIONS	Brand/Model	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	MEDICAL CHECK-	JP		64	set		
	Fasting Blood Sug						
	Blood Urea Nitroge	en					
	Creatinine						
	Blood Uric Acid						
	Cholesterol						
	Triglycerides						
	Lipoprotein Profile						
	SGPT						
	SGOT						
	CBC with Platelet						
	HBAIC						
	Thyroid Stimulatin	g Hormone (TSH)					
	Complete Urinalysi						
	Chest X-ray PA						
	ECG						
	Whole Abdomen U						
	*********NOTI	HING FOLLOWS**********					
						OVERALL TOTAL	
	y Period :			Price V	alidity:		
After havi Space for	ing carefully read and ac Delivery Period. Warran	cepted your General Conditions, I/We quote you o ty and Price Validity are left blank, it means that .	on the item(s) at prices note above. If the	9			
	er information, please		Concur with the Terms and Conditions sp	рестей by the Di	WH.		
	ABRAHAM S. OSBEN						
	HEAD - BAC Secretariat					Printed Name/Sig	nature/Date
	[(+63)907 547 6647]					Timed Hame/org	incolo pace
	osben.abraham@dpwh	gov.ph				Tel. No./Cellphone No	/F-mail Address
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