## Republic of the Philippines

## DEPARTMENT OF PUBLIC WORKS & HIGHWAYS

## **SURIGAO DEL SUR II** DISTRICT ENGINEERING OFFICE

REGIONAL OFFICE XIII Mancarogo, Bislig City

		Department of Public Works & Highways	Request for	Quotation	ı (P.R. No.) : 2	025-04-059	
Revise		:	Date		: April 1,202		
	ard Form/Title	REQUEST FOR QUOTATION	Office/End-U	ser :	Quality Asse	rance Section	
	PANY NAME :			- Nose	DHM		
ADDR	<del></del>		. seige	4		gramme Mr.	
T.LN. I	_		7	1		1	
	o./Fax No. :		j				
		st price on the item(s) listed below, subject to the Terms and Cor	^^^		Dmiryon 🔭	21-25	
		rour representative not later than 2:00 P.M. of BMAY		194 5 77	ore anaprem	TATA	
nerewi	tn, to the BAC Secr	etariat, DPWH, Bsilg City.		عالالاي	الجاالي ا	ره لالالا	
		TERMS AND CONDITIONS:		S)		CA CARLON	
		written or legibly written.	]	10	CITYC	IMILOV CHOS	
		en ( 10 ) w.d. upon receipt of the approved funded	Į.		~~ <del>~</del> ~~/	ĩ ÎN	
		Administrative penalties pursuant to Sec 69 of the Revised	1		1.4	<del>                                     </del>	
		imposed for non-delivery without valid reason.	I			L /I	
		minimum of three (3) months for supplies & materials; one	1		ANDOR SA	HNXS	
		m date of acceptance by the end-user.	1	Chief,	Maly tenance:	Section	
		r a period of one hundred twenty (120) calendar days.	I	(	BAO Chairma	n)	
		tificate shall be attached upon submission of the quotation.			1 /	1	
		brochure showing certifications of the product, If applicable.	1				
		nd for each items being offered.	I				
nie ap		ng for this procurement is P 55,000.00					
Purpos	se :	or use in the Quality Assurance Section Laboratory Equipme	nt and Apparatus	for the	2nd quarter C	Y -2025	
Item No.		ITEMS & DESCRIPTION	QTY.	Unit	UNIT PRICE	TOTAL PRICE	
1	Compression	Machine (Including Mobilization)	1	unit			
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						-	
Brand a	and Model :		Warranty	:	<u>.                                    </u>		
Delivery Period :			Price Validity				
After		ad and accepted your General Conditions, I/We quote you on the				•	
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				Printed Name/Signature/Date			
		Franco Name	. orginatüf	O' Date			
			Tel. No./Cellpl	hone No	/E-Mail Addres	ss	
		Page 1 of 1		.51.0 /10.1	_ man Addle	,,,	