

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X



Engineers' Hill, Bulua, Cagayan de Oro City

	Procuring Entity:				. No.): X2-24-03-120	
Revised o			Date:	March 22, 2024		
Standard	Form/Title: REQUEST FOR QUOTATION		Office/Enc	I-User: ADMINIST	TRATIVE DIVISION	
	11/ 11 a 1/1 ² .					
ADDRES	NY NAME:					
TEL. NO./FAX NO.:				TIN:		
Please quote your lowest price on the item(s) listed below, sub your quotation duly signed by your representative not later than therewith, to the BAC Secretariat, 2nd Floor Administration Buildin Oro City. TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. 2. Delivery period within thirty (30) c.d. upon receipt of the approved funded Purchase Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revisirance of the process of the Revisirance of the Revisirance of the Process of the Revisirance of the Revisir			io:00 am of APR 11 2024, the return envelope attached g, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de VIRGIE G. NAYVE, AEr Chief, Construction Division			
Equipment 4. Price vali 5. Attach C Statemen 6. The Appl 7. RFQ mus 8. Bidders s 9. Please in	y shall be for a minimum of three (3) months for supplies & materia from date of acceptance by the end-user. idity shall be for a period of sixty (60) calendar days. lettified True Copy of PhilGeps Registration Number, Mayor's Permit t (if ABC is above 50K), Income/Business Tax Return if ABC roved budget ceiling for this procurement is Php 84,000.00 st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) idicate the brand for each items being offered.	and Omnibus	S Sworn St OK. St OK. Si		for all of the items. Any per alteration made by the elitems shall render the nence, a ground for	
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
110.	Catering services	70	pax		P	
	1 lunch		,			
	2 snacks (AM & PM)					
	(5 courses, soup, rice, desserts, bottled/tetra pack drinks)					
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&					
	TOTAL AMOUNT				P	
	Please write total amount in words	-				
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		-				
			-		-	
					# 	
- -				 		
	Please specify brand name, if applicable.					
	Please specify brand name, it applicable.	<u> </u>		<u> </u>		
PURPOS	E: For the use in the Occupational First Aid and Basic	Life Suppor	t on April 18	3-1 9 , 2024.		
Brand and	1 Model:		<i>∞e∵</i> -Warrantv			
Brand and Model: Delivery Period:			Warranty:Price Validity:			
Afte prices	er having carefully read and accepted your Gen s note above. If the space for Delivery Period, \ concur with the Terms and Conditions specifie	Narranty a	tions, I / V and Price V	Ve quote you in	the item(s) at	
BAC-Secretariat:			Printed Name/Signature/Date			
Tel. No. 853-2012			rimica name/signature/Date			
Fax No. 853-2060			Tel. No./Cellphone No./E-mail Address			
, g/				ret. No./ Celiphone No./ L-mail Address		

