

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS



	REGIOI Engineers' Hill, Bu	NAL OFFICE ulua, Cagayan		BAGO	NG PILIPINAS
Name of F	Procuring Entity:		Request fo	or Quotation (P.R	. No.): X2-24-08-366
Revised o	n:		Date:	August 15, 2024	
Standard	Form/Title: REQUEST FOR QUOTATION		Office/End	-User: ADMINIST	RATIVE DIVISION
ADDRES	IY NAME: S: ./FAX NO.:			TIN:	
your quot herewith, Oro City. TERMS : 1. All entrie 2. Delivery Purchase	tation duly signed by your representative not later tha	vised Chief, Construction Division			
3. Warranty Equipment 4. Price vali 5. Attach C Statemen 6. The Appi 7. RFQ mus 8. Bidders 9 9. Please in	y shall be for a minimum of three (3) months for supplies & material from date of acceptance by the end-user. Idity shall be for a period of sixty (60) calendar days. ertified 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 108,000.00 st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) indicate the brand for each items being offered.	and Omnibus:	Sworn Su K. er Su		for all of the items. Any ralteration made by the a items shall render the lence, a ground for
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Catering Services	60	pax		P
	1 Lunch				
	2 Snacks (AM & PM)				
	(5 Courses, Soup, Rice, Desserts and Drink)				
	Flowing coffee/tea/chocolate				· · · · · · · · · · · · · · · · · · ·
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&				
	TOTAL AMOUNT				P
	Please write total amount in words				
	Please specify brand name, if applicable.				
19, 2024.	E: For the use in the Maintenance Enhancement Train	ning (MET) in			
Brand and Model: Delivery Period:			Warranty: Price Validity:		
prices	er having carefully read and accepted your Gen note above. If the space for Delivery Period, V concur with the Terms and Conditions specifie	Narranty ar	nd Price Va		
BAC-Secretariat: Tel. No. 853-2012 Fax No. 853-2060			Printed Name/Signature/Date		

Tel. No./Cellphone No./E-mail Address