Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
REGIONAL OFFICE X
Engineers' Hill, Bulua, Cagayan de Oro City

BAGONG PILIPINAS

Name of Procuring Entity:	Request for Quotation (P.R. No.): X6-24-07-287
Revised on:	Date: July 9, 2024
Standard Form/Title: **REQUEST FOR QUOTATION**	Office/End-User: MAINTENANCE DIVISION

COMPANY NAME:
ADDRESS:
TEL. NO./FAX NO.: **TIN:**

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 am of SEP 10 2024, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de 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 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 (1) year for Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. Attach Certified True Copy of PhilGeps Registration Number,Mayor's Permit and **Omnibus Sworn Statement (if ABC is above 50K),Income/Business Tax Return if ABCs above P500K.**
6. The Approved budget ceiling for this procurement is **Php 266,500.00**
7. RFQ must be signed by an authorized signatory.
8. Bidders shall submit original brochures of the product (if applicable)
9. Please indicate the brand for each items being offered.
10. Bidder/s shall submit sealed quotation.

VIRGIE G. NAYVE, AEr
Chief, Construction Division
BAC Chairman

Supplier must quote for all of the items. Any erasure, correction or alteration made by the Supplier in any of the items shall render the bid non-complying, hence, a ground for disqualification.

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
OS-A-005	Apprehension Form w/ Carbonized Duplicate Long Size (100 shts/pad)	500	pad		P
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&-				
	TOTAL AMOUNT				P
	Please write total amount in words				
	Please specify brand name, if applicable.				

PURPOSE: For use in Weighbridge Station operation, Maintenance Division.

Brand and Model: _____ Warranty: _____
Delivery Period: _____ Price Validity: _____

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

BAC-Secretariat:
Tel. No. 853-2012
Fax No. 853-2060

_____
Printed Name/Signature/Date

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

SOCOTEC ISO 9001