					<u>862</u>
. ¥		NAL OFFIC	AND HIGH\ E X		DNG PILIPINAS
Name of I	Procuring Entity:		Request fo		No.): X6-24-07-287
Revised o		·	Date:	July 9, 2024	
Standard	Form/Title: REQUEST FOR QUOTATION		Office/Enc	I-User: MAINTEN	ANCE DIVISION
ADDRES				TIN:	
	./FAX NO.:				
your quo herewith, Oro City. TERMS a	e quote your lowest price on the item(s) listed below, tation duly signed by your representative not later tha , to the BAC Secretariat, 2nd Floor Administration Buil and CONDITIONS:	an 10:00 am	of ULI	<u>5_2024_</u> , the r	eturn envelope attached
 All entries must be typewritten or legibly written. Delivery period within <u>thirty (30)</u> 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. 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. Price validity shall be for a period of sixty (60) calendar days. Attach Certified True Copy of PhilGeps Registration Number, Mayor's Permit and Omnibus Sworn 					
Statemen 6. The App 7. RFQ mus 8. Bidders s 9. Please in	etrified True Copy of Philoeps Registration Number, Mayor's Permit t (if ABC is above 50K), Income/Business Tax Return if ABC roved budget ceiling for this procurement is <u>Php 266,500.00</u> st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) idicate the brand for each items being offered. s shall submit sealed quotation.	s above P500	ISU ISU ISU	upplier must quote asure, correction o upplier in any of th d non-complying, l squalification.	of or all of the items. Any or alteration made by the e items shall render the hence, a ground for
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		Ρ
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&			1	
	TOTAL AMOUNT				Р
-	Please write total amount in words				
			1		
			·		
	······				
				l I	
4	· · · · · · · · · · · · · · · · · · ·			<u> </u>]
1	Please specify brand name, if applicable.				
PURPOSI	E: For use in Weighbridge Station operation, Maintena	nce Division.		<u> </u>	l
Brand and	Model:		Warranty:		
Delivery P	eriod:		Price Validi	ty:	
prices	er having carefully read and accepted your Gene note above. If the space for Delivery Period, V concur with the Terms and Conditions specified	Varranty ar	nd Price Va	e quote you in lidity are left b	the item(s) at blank, it means
	BAC-Secretariat: Tel. No. 853-2012		Printed Name/Signature/Date		
Fax No. 853-2060			Tel. No./Cellphone No./E-mail Address		
-			Tel, No.	/celiphone No./l	-mail Address
				ALL REALIZING	<u></u>

Website: www.dpwh.gov.ph Tel. No{s).: (088) 858-8502 / (088) 858-7679

150 9001

SOCOTEC