

Tel. No. 853-2012

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS



**REGIONAL OFFICE X** Engineers' Hill, Bulua, Cagayan de Oro City Request for Quotation (P.R. No.): X7-25-01-044 Name of Procuring Entity: January 30, 2025 Date: Revised on: Office/End-User: PDD **REQUEST FOR QUOTATION** Standard Form/Title: **COMPANY NAME: ADDRESS:** 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 FEB 1 1 2025, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de 2/11 TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. TRGIE G. NAYVE, AEr 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 Chief, Construction Division IRR-RA 9184 shall be imposed for non-delivery without valid reason. BAC Chairman / 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 Supplier must quote for all of the items. Any erasure, correction or alt or 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. Statement (if ABC is above 50K), Income/Business Tax Return if ABCs above P500K.

6. The Approved budget ceiling for this procurement is Php 102,000.00 RFQ must be signed by an authorized signatory. dders shall submit original brochures of the product (if applicable) clease indicate the brand for each items being offered. \_\_\_\_\_\_ 10.Bidder/s shall submit sealed quotation. Item UNIT PRICE TOTAL PRICE QTY. UNIT **ITEMS & DESCRIPTION** No. 170 Pax MEALS (FOR 1 DAY) \* AM Snacks \* Lunch \* PM Snacks \* With Flowing Coffee **TOTAL AMOUNT** Please write total amount in words PURPOSE: For use in the conduct of Reorientation of Field Engineers on February 18, 2025. Warranty: Brand and Model: Price Validity: Delivery Period: 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:** Printed Name/Signature/Date

> ISO 9001 SOCOTEC

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