

Name of Procuring Entity

Request for Quotation (P.R. No.) : **2024-04-128**

Revised on :

Date : **April 18, 2024**

[illegible]

## REQUEST FOR QUOTATION

Office/End-User : **Planning and Design Section**

**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 April 22, 2024 in the return envelope attached herewith, to the Goods & Services Division, Procurement Services, Masipit, Calapan City, Oriental Mindoro.

**TERMS and CONDITIONS :**

1. All entries must be typewritten or legibly written.
2. Delivery period within 30 c.d upon receipt of the approved funded Purchase Order (P.O).
3. Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
4. Warranty shall be for a minimum of three (3) months for supplies & materials from date of acceptance by the end-user.
5. Price validity shall be for a period of sixty (60) calendar days.
6. G-EPS Registration Certificate, Mayor's Permit, DTI/SEC shall be attached upon submission of the quotation
7. The approved budget ceiling for this procurement is **186,409.79**
8. The DPWH reserves the right to accept or reject any bid to annul the bidding process and to reject all bids at any time prior to contract award without thereby incurring any liability to the affected bidder.
9. Bidder/s may submit an open or sealed quotation.
10. RFQ can be submitted in person or thru registered mails, facsimile or email.

**ALBIEN M. MAHIA**  
Assistant District Engineer  
(BAC-Chairperson)

[illegible]

**Brand and Model** : \_\_\_\_\_ **Warranty** : \_\_\_\_\_

**Delivery Period** : \_\_\_\_\_ **Price Validity** : \_\_\_\_\_

*After having carefully read and accepted your General Conditions, I / We quote you on 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.*

Tel. No. \_\_\_\_\_

Telefax: \_\_\_\_\_

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Printed Name / Signature / Date  
 Tel. No. / Cellphone No. / E-mail Address