



M. Francisco, Siocon, Zamboanga del Norte

Name of Procuring Entity : DPVH-4th District Engineering Office	Request for Quotation No. RFQ-Q-2024-0022
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Revised on : Purchase Request No. 2024-03-0033

Standard Form/Title :	REQUEST FOR QUOTATION	Office/End-User :	Maintenance Section
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COMPANY NAME :

ADDRESS :

TEL. NO./FAX NO. :

TIN No.

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 2:00 P.M. of APR 05 2024 in the return envelope attached herewith, to the BAC Secretariat for Goods, 4th District Engineering Office, M. Francisco, Sioccon, Zamboanga del Norte

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 Calendar Days upon receipt of the approved funded Purchased 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 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. PhilGEPS Registration Certificate / Mayor's Permit / DTL/Omnibus Sworn Statement / Tax Certificate shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certification of the product, if applicable
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is 84,158.50

~~JOE PAUL I. ESTRELLA
BAG Chairperson~~

[illegible]

PURPOSE:

Purpose: To be used for Procurement Unit (Pre-Bid, Opening of Bids, etc.) of DPVH 4th District Engineering Office

Brand and Mode
Delivery Period

Warranty :	
Price Validity:	

After having carefully read and accepted your General Conditions, / 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 DPMH.

Printed Name / Signature / Date

Tel. No. / Cellphone No. / Email Address