

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
CAPIZ 2ND
DISTRICT ENGINEERING OFFICE
Regional Office VI

Name of Procuring Entity	: DPWH-Capiz 2nd DEO	Request for Quotation (P.R. No.)	: 2024-04-0018
Revised on :		Date :	April 8, 2024
Standard Form/Title	: REQUEST FOR QUOTATION	Office/End-User :	Planning & 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 2:00 P.M. of April 15, 2024 in the return sealed envelope attached herewith, to the Bids and Awards Committee Office, Capiz 2nd District Engineering Office, Dumalag, Capiz.

PROCUREMENT OF SAFETY GEARS TO BE USED IN THE ROAD CONDITION AND INVENTORY SURVEYS ALONG NATIONAL ROADS FOR FY 2024 ALONG NATIONAL ROADS.

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 CD 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 year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. G-EP5 Registration Certificate/Mayor's Permit/DTI/Omnibus sworn statement shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product.
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is Php 45,000.00

SHERWIN I. GALLEROS

BAC Chairman

[illegible]

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.

Printed Name / Signature / Date

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