

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS AGUSAN DEL SUR 2ND DISTRICT ENGINEERING OFFICE

San Francisco, Agusan del Sur, Region XIII



| Name of Procuring Entity | | DPWH Agusan del Sur 2nd DEO Request for Quotation (P.R No.): 024-03-125 | | | | | 024-03-125 | |
|--|------------------|---|-------------------------|---------------|---|---|--|--|
| Revised on | | : Date: | | | | | | |
| Standard form/Title | | : REQUEST FOR QUOTATION | | | - | Office/End-User: Maintenance Section | | |
| Mode of Procurement | | : Small Value | | | | | | |
| COMPANY NAM | | PHILGEPs No.: | | | | | | |
| ADDRESS | | • | | | | TCC No.: | | |
| TEL NO./FAX No | 0 | • | | | | TIN No.: | | |
| Please quote your lowest price on the items listed below, subject to the Terms and Conditions stated by | | | | | d submit vo | 0.0000000000000000000000000000000000000 | igned by your | |
| representative not later than and submit the hard copy to the BAC Secretariat for Goods at DPWH ADS 2nd DEO Brgy. Karaos, San Francisco, | | | | | | | | |
| Agusan del Sur. | | | | | | | | |
| TERMS & CONDITIONS: | | | | | | | | |
| 1. All entries must be typewritten or legibly written. | | | | | | | | |
| 2. Delivery period within 30 calendar days upon receipt of the approved funded Purchase Order (P.O). | | | | | | | | |
| Administrative penalties pursuant to Sec. 69 of the revised IRR of 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 (1) year for Equipment; three (3) years IT Equipment from date of acceptance by the end-user. | | | | | | | anna de la companya della companya della companya de la companya della companya d | |
| 4. Price validity shall be for a period of sixty (60) calendar days. | | | | | | | ARTO M MAZO | |
| 5. Mayor's/Business Permit, Professional License/Curiculum Vitae (Consulting Services), PHILGEPS Registration Chief, Quality Assurance Section | | | | | | | | |
| | | nfra), Income/BusinessTax Retu | | | | / / | Chairperson | |
| Statement (for ABCs above P50K) shall be attached upon submission of the quotation. | | | | | | | | |
| 6. Bidders shall submit original brochures of the product. | | | | | | | | |
| 7. Please indicate the brand and model for each items being offered. | | | | | | | | |
| 8. The awarding for this RFQ will be on a lump-sum basis. Prospective Suppliers must quote for all of the items. | | | | | | | | |
| Otherwise they will be subjected for disqualification. | | | | | | | | |
| U 9. The approved budget ceiling for this procurement/s is Php484,714.65 | | | | | | | | |
| Item No. | | ITEMS & DESCR | | QTY | UNIT | UNIT PRICE | TOTAL PRICE | |
| 1 | | iform (long Sleeve) (with prin | ited DPWH Logo) | 136 | pcs | | | |
| 2 | Wheel Barro | | | 20 | unit | | | |
| | Load Capacity: 1 | | | | | | ************************************** | |
| | Water Capacity: | | | | | | | |
| | Tray Thickness: | | | | | | | |
| | | el (16"x4.00-8)Ball Bearing | | | , - | | | |
| 3 | Boots (Heavy I | | | 176 | pairs | | | |
| 4 | | Head Shovel) | | 50 | unit | | | |
| | | tterfly Type, Poncho) | | 176 | pcs | | | |
| 6 | Safety Goggl | es | | 136 | pcs | | | |
| | Franciskin - /D | | | | | | | |
| Furnishing/Pi | | urchasing of Materials Only | | | | | | |
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| | | | | | | | - January | |
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| Purpose: Procurer | ment of Mainte | nance Tools for use of Maintena | ance Crew. | | | | | |
| | | | | | | | _ | |
| Please specify brand names and model, if applicable | | | | | | | | |
| Warranty: | | | | | | | | |
| Delivery Period: Warranty: | | | | | | | | |
| | | | | | | | | |
| 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 | | | | | | | | |
| | | riod, warranty and Price | validity are left blank | it means that | 1 concur | with the Term | s and Conditions | |
| specified by DPWH. | | | | | | | | |
| | Tel No · | Tolofav | | | Printed Name/Signature/Date | | | |
| i di Non | | | releiax. | Telefax: | | | Anneu Hame, Signature, Date | |
| | | | | | | | | |
| | | | | | | Tel No./Cellphone | No./ mail address | |
| R13.12/BAC/TSE/JA | S | | | | | • ************************************* | | |