1			Republic of the Philippine MENT OF PUBLIC WORKS A L SUR 2ND DISTRICT EN San Francisco, Agusan del Sur, R	and High Gineerii	-	-	AGONG PILIPINAS	
Name of Procuring Entity DPWH Agusan del Sur 2nd DEO			)	Request for Quotation (P.R No.): 024-07-329				
Revised on		:				Date: 07/24/2024		
-						Office/End-User:	Maintenance Section	
Mode of Procuren		: Small Value				PHILGEPs No.:		
COMPANY NAME ADDRESS		: TCC No.:						
TEL NO./FAX No.		:				TIN No.:		
Please quote your	r lowest price o t later than <u>Ju</u>		t to the Terms and Conditions sta submit the hard copy to the BAC					
	CONDITION	IS: vritten or legibly written.						
Administrativ valid reason. 3. Warranty (3) years IT 4. Price valid 5.Shall be at 5.Shall be at 6. Bidders sh 7. Please ind 8. The award	ve penalties pu shall be for a r Equipment from lity shall be for tached upon su Mayor's/Busin Professional L PHILGEPS Reg PCAB License Income/Busin Omnibus Swothall submit orig dicate the brand ding for this RF	rsuant to Sec. 69 of the revised ninimum of three (3) months for m date of acceptance by the end a period of sixty (60) calendar of ubmission of the quotation. ess Permit icense/Curiculum Vitae (Consult jistration Certificate (Infra) essTax Return (for ABCs above P in Statement (for ABCs above P inal brochures of the product. I and model for each items bein Q will be on a lump-sum basis.	days. ing Services) P500K) 50K)	for non-delive	ent; three	<b>WILFR</b> I OIC-Assista	ED R. VISAYA It District Engineer Chairperson	
		ected for disqualification. ling for this procurement/s is Pl ITEMS & DESCR		ΟΤΥ	UNIT	UNIT PRICE	TOTAL PRICE	
1	Engine Oil 5	N-40 Fully Synthetic (API-CJ	-4/SM)	46	ltrs			
2	Primary Oil F			2	pcs			
3	Secondary C Fuel Filter	iii fiiter		2	pcs pcs			
- т	ruei riitei			2	pcs			
Purpose: Use for	Preventive Mai	ntenance of HIRO GR140 Road	Grader assigned in this Office.			1 1		
Dianan annaife i	brandnamaa	and model if applicable	-					
Please specify L	oranu names	and model, if applicable		Warranty:				
D	Delivery Period:			Price Validity:				
After I	having care Delivery Pe	fully read and accepted y	our General Conditions, I/ Validity are left blank , it r	We quote	you on th	ie item(s) at pr	ices note above. If	
Tel. No.:			Telefax:	Telefax:			Printed Name/Signature/Date	
R13.12/BAC/TSE/JA	AS					Tel No./Cellphone	No./ mail address	