



REQUEST FOR QUOTATION (PR No.): 24- 07-075

DATE: July 11, 2024

REQUEST FOR QUOTATION

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 **10:00 A.M. of August 6, 2024**, in the return envelope attached herewith to the BAC Secretariat, DPWH, Albay 2nd District Engineering Office, Airport Site, Legazpi City.

2. Delivery period is within Ten (10) CD upon receipt of approved funded Purchase Order (P.O.)
3. Administrative Penalties pursuant to Sec.69 of the Revised IRR RA 9184 shall be imposed for non-completion without valid reason.
4. Warranty shall be for a minimum of three (3) months for Supplies & Materials One (1) year for Equipment; three (3) years for IT Equipment from date of acceptance by the end-user.
5. Required to post a *Performance Security* per RA 9184. (if applicable)
6. Price validity shall be for a period of sixty (60) Calendar Days.
7. *Mayor's Permit, PhilGEPS Reg. Number/Cert. of Platinum Membership, DTT or SEC Reg., BIR Cert. of Reg. and Tax Clearance* shall be submitted upon submission of the RFQ.
8. For contract with *ABC above P500K, submit Income Tax Return* upon submission of RFQ.
9. Bidder shall submit notarized *Omnibus Sworn Statement for contracts with ABC above P500K* prior to payment of contract.
10. Bidders shall submit original brochures of the product (if applicable).
11. Please indicate the brand name for each items being offered.
12. Payment is subject to Retention of 1% for Consumables & 5% for Non-Consumables.
13. The Approved Budget for the Contract (ABC) is: Php 784,200.00

NINEZ B. REGALADO
Chief, Maintenance Section
BAC Chairman

[illegible]

Warranty:

Validity:

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

If the space provided for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the terms and conditions specified by the DPWH.

Date _____

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