

PROCUREMENT OF HAND TOOLS (FOR USE IN THE REPAIR/MAINTENANCE OF NATIONAL ROADS AND BRIDGES, DISTRICT WIDE), DPWH, SAN JOSE, ANTIQUE

Name of Procuring Entity	: Antique DEO	Request for Quotation (P.R. No.)	: 2025-05-008
Revised on :		Date :	May 14, 2025
Standard Form/Title	: REQUEST FOR QUOTATION	Office/End-User	: Maintenance 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 **10:00 A.M. of May 21, 2025** in the return envelope attached herewith, to the Chairman, BAC Office of the DPWH-Antique DEO, San Jose, Antique.

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within **30 C.D.** upon receipt of the approved funded Purchase Order (P.O).
3. Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
4. **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.
5. Price validity shall be for a period of **sixty (60) calendar days**.
6. **PhilGEPS Registration Number or Organization Number, Mayor's/Business Permit, and Omnibus Sworn Statement** shall be attached upon submission of the quotation.
7. Bidders shall submit **original brochures** of the product.
8. Please indicate the **brand** for each item being offered.
9. The approved budget ceiling for this procurement is **P 323,807.48**

MARTIN DAVE F. OPERIO

~~BAC Chairperson~~

[illegible]

Amount in Words	:		
Brand and Model	:		Warranty : _____
Delivery Period	:		Price Validity : _____

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

Engr. THELMA A. ESCANILLAS
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Tel. No. / Cellphone No. / E-mail Address