Name of Procuring Entity: MM1DEO REQUEST FOR QUOTATION-2024-05-075			Purchase Request (P.R.) No. : 2024-05-075 Date: 05/30/2024 Office/End-User: ADMINISTRATIVE			
						COMPANY NAME :
ADDRESS :						
TEL.NO./FAX NO. :				TIN NO.:		
	price on the item (s) listed below, subject to the Terms and Conditions stated <u>4</u> in the return envelope attached herewith to the BAC Secretariat for Goods				sentative not later than	
TERMS and CONDITIONS:						
 All entries must be typewritten or legibly written. Delivery period is within <u>14 Days</u> 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 fornon delivery without valid reason. Warranty shall be a minimum of three (3) months for supplies and materials; one (1) year for Equipment from date of acceptance by the end-user. Price validity shall be for a period of <u>sixty (60) calendar days</u>. Phil-GEPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. Bidders shall submit original brochures showing certifications of the product applicable. Please indicate the brand for each items being offered. The approved budget ceiling for this procurement is <u>P455,000.00</u> 			ELINO V. CASTRO Chief, Planning and Design Section BAC Chairman			
Item No.	ITEMS & DIRECTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
	TH COLLAR, FULL SUBLIMATION OF PRINTS	500	PC.			
<i>x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-</i>	<i>x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x</i>		TOTAL PRICE			
			_			
The awarding of this	s RFQ will be on a lump-sum basis. Prospective suppliers					
must quote for all the	e items. Otherwise they will be subjected for disqualification.					
"For use of MI	MIDEO, NCR, DPWH, Rosario, Pasig City"					
Brand and Model:		Warranty:				
Delivery Period:		Price Validity:				
	nd acdepted your General Conditions, I/We quote you on the item(s) at prices noted al	bove. If the space for Deli	ivery Period, War	ranty and Price Validity	are left blank, it means that I	
concur with the Terms and Cond	itions specified by DPWH.					
1		Print	ted Name/Signa	ture/Date		

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