

Republic of the Philippines

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DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE REGIONAL DIRECTOR

Region V

Legazpi City

Name of Procuring Entry: DPWH RO V

Request for Quotation(P.R. No.): 2024-06-127

Revised on:

Date: _____

Standard Form/Title: REQUEST FOR QUOTATION

Office/End-User: Cam Norte Sub-D

COMPANY NAME:

ADDRESS:

TEL. NO./FAX No.

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 voided by your representative not later than **2:00 P.M. of July 12, 2024** in the return envelope attached herewith to the BAC Secretariat for Goods. **Camarines Norte Sub-DEO.**

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Purchase order within Thirty (30) C.D. upon receipt of approved funded
3. Administrative Penalties pursuant to Sec. 69 of the Revised
JRR-R4 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 year
for Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. **PHIGES Registration Certificate/Major's Permit/DTL Tax Clearance, Income/Business
Tax Return and Omnibus Sworn Statement** shall be attached upon submission of the quotation
if applicable.
6. Bidders shall submit original brochures showing certifications of the product.
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is **P334,050.50**

BENJAMIN G. BUITRE, JR.
Chief, Quality Assurance and Hydrology Division
(Special BAC-Chairman)

[illegible]

Brand and Model:

Warranty:

Delivery Period:

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 / Signnature / Date

Date _____