



Name of Procuring Entity : DPWH RIZAL 1ST DEO	Request for Quotation (P.R. No.): 2024-07-0145
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Revised on	:	Date: July 5, 2024
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Standard Form/Title	REQUEST FOR QUOTATION	Office/End-User: Maintenance Section
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COMPANY NAME :

ADDRESS :

TEL. NO./FAX 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 July 15, 2024 in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 C.D. upon receipt of the approved funded Purchase Order (P.O.). Administrative penalties pursuant to Sec 69 of the Revised IRR R.A. 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 the date of acceptance by the end-user.
4. Price validity shall be for one hundred twenty (120) calendar days.
5. GEPS Registration Certificate shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product, if applicable.
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is ₱ 999,652.50 Submit Canvass in a sealed bid envelope well indicate the Company Name, Canvass Title, RFQ No., etc.
9. Notarized Sworn Statement with Documentary Stamp


ISIDRO C. ANTONIO
Chief, Construction Section
BAC Chairman

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Asphalt Plant Mix Cold (Coldmix)	577	pail P	P	
Total Amount:				P	

Purpose:	To be used for Repair and Maintenance (Patching) of Various National Roads and Bridges w/in Rizal 1st DEO
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Date and Time of Opening: July 15, 2024/11:00am

('Form 29-DPVH-GOODS)

Brand and Model	Warranty
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Delivery Period	Price Validity
1	1
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100	100

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

Tel. No.: _____
 Telefax: _____
 C/O: _____

Printed Name/Signature/Date

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