

SK 1st District Engineering office

REQUEST FOR QUOTATION

Name of Procuring Entity

ADDRESS
TEL. NO./FAX No.

Standard Form/Title

Revised on

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

Sultan Kudarat 1st District Engineering Office

Isulan, Sultan Kudarat, Region XII e Request For Qoutation : 20

Office/End-User:

2024-08-0038 (P.R. No.) 2024-07-0051

Planning and Design Section

August 7, 2024

TIN:

TERM: 1. All er 2. Delivi Purchas IRR-RA 3. Warn year for 4. Price 5. G-EPS the quot 6. Bidde 7. Pleas	se quote your lowest price on the item(s) listed below by your representative not later than 10:00 A.M. of Procurement Services, 5th Floor, Bonifacio Drive, Port Area, Mai Sand CONDITIONS: Intries must be typewritten or legibly written. Bery period within 20 Calendar Days upon receipt of the approved see Order (P.O). Administrative penalties pursuant to Sec. 69 of the 9184 shall be imposed for non-delivery without valid reason. anty shall be for a mininum of three (3) months for supplies & mate Equipment; 3 years IT Equipment from date of acceptance by the validity shall be for a period of sixty (60) calendar days. Registration Certificate/Mayor's Permit/DTI shall be attached upon sub action. In shall submit original brochures of the product the indicate the brand for each items being offered. Php 50,000.00	funded le Revised erials; one e end-user.	conditions stated in envelope attact	RAUL N. TRA	VILLA	
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
	for use in the Calibration of Sur	vey Instruments	assigned at PI	anning and Design Sec		
1	Calibration RTK GPS	2 -	units	J 255.g., 666		
	XXXXXXXXXX					
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	the second secon	•				
100				-		
rand an	d Model : Warranty					
elivery	Desired					
Afte the spe	r having carefully read and accepted your General Col ace for Delivery Period, Warraniy and Price Validity ons specified by DPWH.	nditions I / We	quote you on t it means tha	he item(s) at prices note t I concur with the To	e above. If erms and	
Tel. No. (064) 471 3100			Drinked Manage (C)			
				Printed Name / Signa	ature / Date	
	email: baragona.potre_nahar@dp	wh gov ph		Tel. No. / Cellphone No. /		