

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS AGUSAN DEL SUR 1ST DISTRICT ENGINEERING OFFICE Patin-ay, Prosperidad, Agusan del Sur, Region XIII

Name of Procuring Entity		g Entity	<u>:</u>	DPWH - DEO1 Agusan del Sur Request for Quotation (P.R. No.		ion (P.R. No.)	:/24-08-0061			
Revised on			:	DECLIFOR FOR GUIDELTON	Date		: 8/16/24			
Standard Form/Title			:	REQUEST FOR QUOTATION	Office/E	End-User		: Quality Assurance Section		
	COMPA	NY NAME	:		1					
		ADDRESS	:							
TEL. NO./FAX No. :						TIN:				
not later	Please quote than 2:00 P.I	your lowest p	rice G	e on the item(s) listed below, subject to the	Terms and herewith, to	d Conditions the Procure	stated below and ement Unit DPWH	d submit your duly signe I DEO-1, Patin-ay, Prosp	ed by your representative eridad, Agusan del Sur.	
TERMS and CONDITION:)		
1. All entries must be typerwriten or legibly written.							/	1		
2. Delivery period within 30 days upon receipt of the approved funded Purchase Order (P.O). Administrative penalties pursuant to Sec. 69 of the								beh		
Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.						MAURO S. AGUERO, JR. BAC Chairman				
3. Warranty shall be for a mininum of three (3) months for supplies &										
materials; one year for Equipment; 3 years IT Equipment from date of									//	
	nce by the en				į				V	
4. Price validity shall be for a period of sixty (60) calendar days.										
5. G-EPS Registration Certificate, Mayor's Permit, DTI, BIR Certificate,										
Annual Income Tax Return, and Tax Clearance shall be attached upon submission of the quotation.										
6. Bidders shall submit original brochures showing certifications of the product.										
7. Please indicate the brand for each items being offered.										
8. The a	8. The approved budget ceiling for this procurement is P 70,000.00. Item Stock									
No.	No.			ITEMS & DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1		Roll up Doo	ore	s, 2 Shutters with center guide, box		1	ls			
			-	vering for upper gap including			×			
		installation								
—				-X-X-X-X-X-X-X-						
			_							
		IX.	_						3	
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				<u> </u>						
			100	use in Quality Assurance Laborates						
		1 10	11 6	use in Quality Assurance Laboratory						
			_			****				
September 1	and Mod	el :				Warrar				
Delive	ery Period	:			F	Price Valid	lity :			
				and acceptance your General Conditions					the space for Delivery	
				y are left blank, It means that I concur						
1										
1						=				
		Tel. No. 832	215	5 Telefax: 343-7091		1	Prin	ted Name/Signatu	ire/Date	
1							Tol No. /	Cellphone No./E-r	mail Address	
							rei No./	celiprione No./E-I	Hall Address	
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