


Name of Procuring Entity : DPWH - DEO1 Agusan del Sur		Request for Quotation (P.R. No.) : 24-08-0062	
Revised on : _____		Date : 8/16/24	
Standard Form/Title : REQUEST FOR QUOTATION		Office/End-User : Quality Assurance Section	
COMPANY NAME : _____			
ADDRESS : _____			
TEL. NO./FAX No. : _____		TIN: _____	

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your duly signed by your representative not later than 2:00 P.M. of Sept. 6, 2024 in the return envelope attached herewith, to the Procurement Unit DPWH DEO-1, Patin-ay, Prosperidad, Agusan del Sur.

TERMS and CONDITION:

- All entries must be typewritten or legibly written.
- Delivery period within 30 days 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 for non-delivery without valid reason.
- Warranty shall be for a minimum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
- Price validity shall be for a period of sixty (60) calendar days.
- 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.**
- Bidders shall submit original brochures showing certifications of the product.
- Please indicate the brand for each items being offered.
- The approved budget ceiling for this procurement is P 134,000.00.


MAURO S. AGUIERO, JR.
 BAC Chairman

Item No.	Stock No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1		Aircondition Split Type 1HP including Installation	2	units		
		-X-X-X-X-X-X-X-				
		For use in Quality Assurance Laboratory				

Brand and Model : _____ Warranty : _____
 Delivery Period : _____ Price Validity : _____

After having carefully read and acceptance your General Conditions, I / We quote you on the items 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.

Tel. No. 83215 Telefax: 343-7091

Printed Name/Signature/Date

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