Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS DAVAO DEL NORTE DISTRICT ENGINEERING OFFICE Km. 48 Canocotan, Tagum City, Davao del Norte

| Name of Procuring Entity: | | | Request for Quotation | | (Re-bid) | - |)25-04-0127 / il 28-2025 / |
|--|--|---|--|----------------------------|------------------------------------|----------------------------------|-------------------------------|
| Revised on : | | | | | May 23, 2025 Date : April 28, 2025 | | |
| | J Form/Title | REQUEST FOR QUOTATIO | N | Office/End-U | er: Quality As | surance Sectio | <u>m</u> |
| LO. | ADDRESS : | • | | | | | . |
| TEI | No JFAX No. : | | <u> </u> | | TIN: | | |
| | | vest price on the item (s) listed below, subject to the Terms and | Conditions stated below and sub- | | | | , |
| nerewit TERMS 1. All ei 2. Deliv (P.O.). impose 3. Warn Equipm 4. Price | h, to the BAC Set and CONDITIONS thries must be typew ery period within 30 Administrative at and one-delivery and set a manual of the set ent; 3 years IT Equi Validity shall be for | ritten or legibly written on the prescribed Request for Quotation form. I calendar days upon receipt of the approved funded Purchase Order penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be | | LE OIC, Office | of the Assis | MABANGLO ant District Engineeric | |
| of the c 6. Tax 1 7. Omn 8. Affid Corpor 9. Bidde 10. Pier | puotation. Clearance Certifica ibus Sworn Staten levit of Sole Propri ation, Partnership ars shall submit orig ase indicate the bran | te nest utorship if Sole Proprietor/Notarized Secretary's Certificate if | | | BAC Chair | | √ |
| Item | | & DESCRIPTION | | QTY. | UNIT | UNIT PRICE | TOTAL PRICE |
| | ···· | Laboratory Apparatus/ Equipments: | | · | | | |
| + | Saybol-Furol V | | | 1 - | unit " | | |
| | Speedy Moistu | | • | 1 - | рс | | |
| | Rebound Ham | mer - | | 1 - | unit , | | |
| 4 | Thermometer | | | 6 . | pc . | | |
| 5 | Asphalt Dial T | hermometer - | | 1 - | pc . | | |
| | lygrome ter | | | 1 - | pc . | | |
| | t-3t-3t-9t-3t-/ | · · · · · · · · · · · · · · · · · · · | | | TOTAL | | · |
| | Fotal amoun | t: (Please specify total amount in words) | · | | | | |
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| 1 | Calibration of | Laboratory Apparatus/ Equipments for use in the | Office of the | | | | |
| | · · · · · · · · · · · · · · · · · · · | eer (Quality Assurance Section) | | | | | |
| | and Model : | (4 | | L | | | |
| Deliver Aj above | Period : ter having co . If the space | arefully read and accepted your General Cond of for Delivery Period, Warranty and Price Valid ions specified by DPWH. | litions, I / We quote you lity are left blank, it mea | on the Item ns that I c | u(s) at price: concur with | s note the | |
| | | Prospective Suppliers must quo | The awarding for this RFQ will be on lump-sum basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification. | | Printed Name / Signature / Date | | |
| | | • | | | | | -mail Address |