

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS



NORTHERN SAMAR 2nd DISTRICT ENGINEERING OFFICE Brgy. Burabud, Laoang, Northern Samar, Region VIII Name of Procuring Entity N. Samar 2nd DEO Request for Quotation (P.R. No.) : 2024-10-0076 10/1/2024 Date Standard Form/Title REQUEST FOR QUOTATION Office/End-User **ADMINISTRATIVE SECTION 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 2:00 P.M. of \_\_ in the return envelope attached herewith. Procurement Unit, 2nd Floor, Brgy. Burabod, Laoang, Northern Samar. TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. 2. 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. 3. Warranty shall be for a mininum of three (3) months for supplies & materials; one FRANCISCO Y. TAÑALA year for Equipment; 3 years IT Equipment from date of acceptance by the end-user. Asst. District Engineer/ 4. Price validity shall be for a period of sixty (60) calendar days. BAC Chairman 5. PhilGEPS Certificate, DTI/SEC-COR, BIR-COR, Mayor's Permit, Latest BIR ITR, Tax Clearance & Omnibus Sworn Statement shall be attached upon submission of the quotation. 6. Certificate of Memebership to Philippine Association of Detective and Protective Agency Operators(PADPAO), Inc. 7. Cost Distribution per Month 8. The approved budget ceiling for this procurement is 799,200.00 Item **ITEMS & DESCRIPTION** UNIT **UNIT PRICE** QTY. **TOTAL PRICE** No. Procurement of Security Services guard Requirement of DPWH-NSSDEO (January 1, 2025-December 31, 2025)

TOTAL AMOUNT IN WORDS **Brand and Model** Warranty **Price Validity** After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above. If the space for Delivery Telephone No.: Printed Name/Signature/Date c/o edmund somoray email: edmundsomoray@yahoo.com Tel. No. /Cellphone No. / E-mail Address