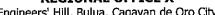


## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS REGIONAL OFFICE X





|   |   | dulua, Cagayan de Oro City |   |                                       | BAGONG PILIPINAS                  |  |
|---|---|----------------------------|---|---------------------------------------|-----------------------------------|--|
| Name of Procuring Entity:   |   |                            | Request for Quotation (P.R. No.): X1-24-06-259  Date: June 28, 2024 |                                       |                                   |  |
| Revised on: Standard Form/Title: REQUEST FOR QUOTATION  |   |                            |   | Office/End-User: BUKIDNON SUB-DEO     |                                   |  |
| Standard  | Form/Title: REQUEST FOR QUOTATION   | · <del></del>              | Office/End  | -user: BUKIDNU                        | N SUB-DEU                         |  |
| ADDRES  | NY NAME:<br>SS:<br>./FAX NO.:   | TIN:                       |   |                                       |                                   |  |
| your quo<br>herewith,<br>Oro City.  | e quote your lowest price on the item(s) listed below, station duly signed by your representative not later that, to the BAC Secretariat, 2nd Floor Administration Builtand CONDITIONS: | n 10:00 am                 | of JUL 1  | <u>. 8 2024</u> , the r               | eturn envelope attached           |  |
| <ol> <li>All entries must be typewritten or legibly written.</li> <li>Delivery period within thirty (30) c.d. upon receipt of the approved funded Purchase Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revise IRR-RA 9184 shall be imposed for non-delivery without valid reason.</li> <li>Warranty shall be for a minimum of three (3) months for supplies &amp; materials; of Equipment from date of acceptance by the end-user.</li> <li>Price validity shall be for a period of sixty (60) calendar days.</li> <li>Attach Certified True Copy of PhilGeps Registration Number, Mayor's Permit and</li> </ol> |   |                            | ; one (1) year for BAC Chairman                                     |                                       |                                   |  |
| Statement (if ABC is above 50K),Income/Business Tax Return if ABCs above P500K.  6. The Approved budget ceiling for this procurement is Php 364,052.33  7. RFQ must be signed by an authorized signatory.  8. Bidders shall submit original brochures of the product (if applicable)  9. Please indicate the brand for each items being offered.  10.Bidder/s shall submit sealed quotation.  |   |                            |   |                                       |                                   |  |
| Item<br>No.   | ITEMS & DESCRIPTION   | QTY.                       | UNIT  | UNIT PRICE                            | TOTAL PRICE                       |  |
|   | Reflectorized Traffic Paint (Yellow)  | 50                         | gal   |                                       | P                                 |  |
| CM-R-004  | Reflectorized Traffic Paint (White)   | 180                        | gal   |                                       |                                   |  |
|   | -88888888888888888888888888888888888  |                            |   |                                       |                                   |  |
|   | TOTAL AMOUNT  |                            |   |                                       | Р                                 |  |
|   | Please write total amount in words  |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
|   | Place of Delivery:  |                            |   |                                       |                                   |  |
|   | Kalilangan, Bukidnon  |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
|   |   |                            |   |                                       |                                   |  |
| -   |   | i                          |   | · · ·                                 |                                   |  |
|   | Please specify brand name, if applicable.   |                            |   |                                       |                                   |  |
| PURPOS  | E: Supply & Delivery of Traffic Paints for use in the Ei  | meraency Re                | painting of   | Centerline, Lane                      | line, Edgelines,                  |  |
|   | s and other activities under work category No.18 - Tra  |                            |   |                                       |                                   |  |
|   | Kadingilan - Kalilangan Road and Jct. Maradugao - Ca  |                            |   |                                       |                                   |  |
|   |   |                            | Warranty:   |                                       |                                   |  |
|   |   |                            | Price Validity:   |                                       |                                   |  |
| prices  | er having carefully read and accepted your Gen<br>s note above. If the space for Delivery Period, \<br>concur with the Terms and Conditions specifie                                    | Narranty a                 | nd Price Va   | Ve quote you in<br>alidity are left b | the item(s) at<br>plank, it means |  |
| BAC-Secretariat:<br>Tel. No. 853-2012   |   |                            | Printed Name/Signature/Date   |                                       |                                   |  |
| Fax No. 853-2060  |   |                            | Tel. No./Cellphone No./E-mail Address                               |                                       |                                   |  |