

BAC-Secretariat:

Tel. No. 853-2012 Fax No. 853-2060

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS



REGIONAL OFFICE X Engineers' Hill, Bulua, Cagayan de Oro City Request for Quotation (P.R. No.): X11-24-05-174 Name of Procuring Entity: May 8, 2024 Date: Revised on: Standard Form/Title: **REQUEST FOR QUOTATION** Office/End-User: EMD **COMPANY NAME:** ADDRESS: TIN: TEL. NO./FAX NO.: herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de Oro City. TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. GIE G. NAYVE, AEr 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 Revised Chief, Construction Division IRR-RA 9184 shall be imposed for non-delivery without valid reason. BAC Chairman 3. Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year for Equipment from date of acceptance by the end-user. 4. Price validity shall be for a period of sixty (60) calendar days. Supplier must quote for all of the items. Any erasure, correction or alteration made by the Supplier in any of the items shall render the bid non-complying, hence, a ground for disqualification. 5. Attach Certified True Copy of PhilGeps Registration Number, Mayor's Permit and Omnibus Sworn Statement (if ABC is above 50K), Income/Business Tax Return if ABCs above P500K.

6. The Approved budget ceiling for this procurement is Php 245,291.20 7. RFO 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 QTY. UNIT UNIT PRICE **TOTAL PRICE ITEMS & DESCRIPTION** No. **Internet Service Provider** unit Specifications: 1. Enterprise Package - Fiber Optic Line 2. Speed - up to 200mbps 3. Unlimited Data Allocations 4. Wifi Modem 5. Landline with telephone set 6. 24 - Month Lock in Subscription **TOTAL AMOUNT** Please write total amount in words NOTE: 24 months Please specify brand name, if applicable. PURPOSE: For use in Equipment Management Division, operation of DPWH Regional Office 10 Assessment Center for TESDA and usage of On-board Diagnostic (OBD) Tool for the Maintenance of the Regional Office Equipment Fleet. Brand and Model: Warranty: Delivery Period: _ Price Validity: _ After having carefully read and accepted your General Conditions, I / We quote you in the item(s) 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.

Printed Name/Signature/Date

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