

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X



Engineers' Hill, Bulua, Cagayan de Oro City

Name of	Procuring Entity:		Request fo		k. No.): X2-24-08-326
Revised o	The second secon		Date:	August 1, 2024	
Standard	Form/Title: REQUEST FOR QUOTATION		Office/End	l-User: ADMINIS	TRATIVE DIVISION
ADDRES	NY NAME: SS: ./FAX NO.:			TIN:	
Please your quo herewith Oro City.	e quote your lowest price on the item(s) listed below, tation duly signed by your representative not later that, to the BAC Secretariat, 2nd Floor Administration Bull	subject to the an 10:00 am Iding, DPWH	ne Terms and of AUG 4	d Conditions state 2	ed below and submit eturn envelope attached 3' Hill, Bulua, Cagayan de
1. All entric 2. Delivery Purchase IRR-RA 9 3. Warrant Equipment 4. Price val 5. Attach C Statemen 6. The App 7. RFQ mu 8. Bidders 9. Please in	es must be typewritten or legibly written. period within thirty (30) c.d. upon receipt of the approved funde corder (P.O.) Administrative penalties pursuant to Sec. 69 of the R 2184 shall be imposed for non-delivery without valid reason. y shall be for a minimum of three (3) months for supplies & materi from date of acceptance by the end-user. Idity shall be for a period of sixty (60) calendar days. Pertified True Copy of PhilGeps Registration Number, Mayor's Permit tit (if ABC is above 50K), Income/Business Tax Return if ABC roved budget ceiling for this procurement is Php 858,000.00 st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) indicate the brand for each items being offered. s shall submit sealed quotation.	evised als; one (1) yea and Omnibus s above P50	S Sworn Si OK. er	Chief, Constru BAC Cl Lipplier must quote assure, correction of Lipplier in any of th	NAYVE, AEr uction Division hairman for all of the items. Any or alteration made by the e items shall render the hence, a ground for
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
140,	Catering Services	65	pax		P
	1 Lunch	- 03	Pax		<u> </u>
	2 Snacks (AM & PM)				
	(5 Courses, Soup, Rice, Desserts and Drink)				
	Flowing coffee/tea/chocolate		 -	1	
	-8&8&8&8&8&8&8&8&8&8&8&8&8&8&8&8&8&8		1		<u> </u>
	TOTAL AMOUNT				P
	Please write total amount in words	•	 		<u></u>
	Flease Wille total alliquit iii words		+		
	•		1		<u></u>
			+		
—- <u>-</u>					
	Please specify brand name, if applicable.				
	E: For the use in the Conduct of the Capacity Building station of the DPWH Devolution Transition Plan (DTP)				art of the
	Model:				
	Period:		Price Valid	ity:	
prices	er having carefully read and accepted your Gen note above. If the space for Delivery Period, \ concur with the Terms and Conditions specifie	Narranty a	tions, I / W nd Price Va	/e quote you in	the item(s) at
BAC-Secretariat: Tel. No. 853-2012 Fax No. 853-2060			Printed Name/Signature/Date		
rdx Nu, 055-2000			Tel. No./Cellphone No./E-mail Address		