

## 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 for Quotation (P.R. No.): X2-25-03-087                |                   |                           |  |
|--|--|---|---|-------------------|---------------------------|--|
| Revised or   |  |   | Date: March 11, 2025 Office/End-User: ADMINISTRATIVE DIVISION |                   |                           |  |
| Standard I   | Form/Title: REQUEST FOR QUOTATION  |   | Office/End-   | -user: ADMINIST   | KATIVE DIVIZION           |  |
| COMPANY NAME:<br>ADDRESS:  |  |   |   | TIN:              |                           |  |
| herewith,<br>Oro City.   | 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: | subject to the<br>in 10:00 am o<br>ding, DPWH I | e Terms and<br>of MAR 1<br>Regional Of                        | rice x, engineers | Hill, Bulua, agayari de   |  |
| 1. All entries must be typewritten or legibly written. 2. 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 IRR-RA 9184 shall be imposed for non-delivery without valid reason. 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. 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 108,000.00 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               |  |
| 110.   | CATERING SERVICES  | 60  | Pax   |                   | Р                         |  |
| <del></del>  | 1 Lunch  |   |   |                   |                           |  |
|  | 2 Snacks (AM & PM)   |   |   |                   |                           |  |
|  | (5 Courses, Soup, Rice, Desserts and Drink)  |   |   |                   |                           |  |
|  | Flowing Coffee/Tea/Chocolate   |   |   |                   |                           |  |
|  | -8&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&  |   |   |                   |                           |  |
|  | TOTAL AMOUNT   |   |   |                   | Р                         |  |
|  | Please write total amount in words   |   |   |                   |                           |  |
|  |  |   |   |                   |                           |  |
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|  |  |   | -   |                   |                           |  |
|  |  | <u></u>   |   |                   |                           |  |
|  | E: For the use in the Training/Workshop on the Revie   | w and Evalua                                    | l<br>ation Progra   | m of Works (PO    | L<br>W) and Detailed Unit |  |
|  | lysis (DUPA) on March 26-28, 2025.   |   | Marranta  |                   |                           |  |
| Brand and Model: Delivery Period:  |  |   | Warranty: Price Validity:                                     |                   |                           |  |
| Aft<br>prices  | rer having carefully read and accepted your Ger<br>is note above. If the space for Delivery Period, i<br>I concur with the Terms and Conditions specifie                             | Warranty a                                      | ions, I / W   | e quote you in    | n the item(s) at          |  |
| BAC-Secretariat:<br>Tel. No. 853-2012  |  |   | Printed Name/Signature/Date                                   |                   |                           |  |
|  |  |   | Tel. No./Cellphone No./E-mail Address                         |                   |                           |  |