

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.): X3-24-10-442 Name of Procuring Entity: October 1, 2024 Date: Revised on: **REQUEST FOR QUOTATION** Office/End-User: FINANCE DIVISION Standard Form/Title: COMPANY NAME: ADDRESS: TIN: 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 10:00 am of NOV 0 4 2024, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagavan de Oro City. TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. ÍRGIE G. NAYVE, AEr 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 Chief, Construction Division 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 BAC Chairman 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 Supplier must quote for all of the items. Statement (if ABC is above 50K), Income/Business Tax Return if ABCs above P500K.

6. The Approved budget ceiling for this procurement is Php 80,000.00 Any erasure, correction or alteration made by the Supplier in any of the items shall 7. RFO must be signed by an authorized signatory. render the bid non-complying, hence, a 8. Bidders shall submit original brochures of the product (if applicable) ground for disqualification. 9. Please indicate the brand for each items being offered. 10.Bidder/s shall submit sealed quotation. UNIT **Item ITEMS & DESCRIPTION** QTY. UNIT TOTAL PRICE **PRICE** No. 10 FF-C-005 Cubicle Partition рс Dimension: 1200H x 1200W x 45thk Half Glass Half Laminate Clear Glass **TOTAL AMOUNT** Please write total amount in words Please specify brand name, if applicable. PURPOSE: For the new Office of Finance Division 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. **BAC-Secretariat:** Printed Name/Signature/Date Tel. No. 853-2012 Fax No. 853-2060 Tel. No./Cellphone No./E-mail Address