

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X



Engineers' Hill, Bulua, Cagayan de Oro City

ASUM 100A	
EID IS	
To make the	
BACONG PILIPINA	Ł

Request for Quotation (P.R. No.): X4-25-04-164 Name of Procuring Entity: April 28, 2025 Date: Revised on: Standard Form/Title: REQUEST FOR QUOTATION Office/End-User: CONSTRUCTION DIVISION **COMPANY NAME:** ADDRESS: 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 2:00 pm of JUN 1 0 2025, the return envelope attached herewith, to the BAC Secretariat, 2nd Floor Administration Building, DPWH Regional Office X, Engineers' Hill, Bulua, Cagayan de Oro City. TERMS and CONDITIONS: JOSELITO'A. ROA, MSc 1. All entries must be typewritten or legibly written. 2. Delivery period within thirty (30) c.d. upon receipt of the approved funded Chief, Quality Assurance & Hydrology Division Purchase Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revised BAC Chairman 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 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. Statement (if ABC is above 50K), Income/Business Tax Return if ABCs above P500K.

6. The Approved budget ceiling for this procurement is Php 988,313.70 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 UNIT **UNIT PRICE** TOTAL PRICE QTY. **ITEMS & DESCRIPTION** No. Cartridge Ink, Black (T11F1) for Epson WF C5890 P OS-1-177 60 Cart. Cartridge Ink, Yellow (T11F4) for Epson WF C5890 40 Cart. OS-I-180 Printer Cartridge Ink, Cyan (T11F2) for Epson WF C5890 OS-I-178 40 Cart. Cartridge Ink, Magenta (T11F3) for Epson WF 40 Cart. OS-I-179 C5890 Printer 20 Box OS-W-013 Waste Toner box for Epson WF C5890 Printer **TOTAL AMOUNT** Please write total amount in words PURPOSE: For use in the Construction Division Office, Supply and delivery of Epson WF C5890 printer ink cartridges. Brand and Model: Warranty: Price Validity: _ Delivery Period: 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 Tel. No./Cellphone No./E-mail Address