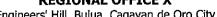


Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X





Engineers' Hill, Bulua, Cagayan de Oro City

| Name of F | Procuring Entity: | | | | . No.): X7-24-09-416 | |
|--|--|-------------|-----------------------------|-----------------|---------------------------------------|--|
| Revised or | | | Date: | September 16, 2 | 2024 | |
| Standard I | Form/Title: REQUEST FOR QUOTATION | | Office/End | -User: PDD | | |
| COMPANY NAME: ADDRESS: 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 oNOV 0 4 2024, 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: 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 63,158.33 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 No. | ITEMS & DESCRIPTION | QTY. | UNIT | UNIT PRICE | TOTAL PRICE | |
| | Desktop External Hard Drive (10TB) | 1 | рс | | Р | |
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| | TOTAL AMOUNT | | | | P | |
| | Please write total amount in words | | | | · | |
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| | Please specify brand name, if applicable. | | | <u> </u> | | |
| | E: To be used in storing LAPRAP files | | | | | |
| Brand and Model: | | | Warranty:Price Validity: | | | |
| prices | eriod: er having carefully read and accepted your Gen note above. If the space for Delivery Period, V concur with the Terms and Conditions specifie | Varranty ar | ions, 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 | | | |
| | | | | | | |