

Republic of the Philippines Department of the Interior and Local Government Regional Office 1

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REQUEST FOR QUOTATION (RFQ)

MODEOF	PROCUREMENT:	SHOPPH	VG				RFQ No.	2017-11-389	
	Procuring Entity:		6 R1				Date:	11/27/2017	
Office/Er		MU						. " ' '	
Company	Name:								
Address									
*PhilGEI	S Registration No.:							-	
Please q duly sign		e for th	ne requirements listed hereu	ınder subject to the T	erms and	Condition	s stated below	and submit to this office	
	AND CONDITIONS:	l accurat	e information required in this for	m 7 Any interlineations	erzenros	or overwriti	ing chall be valid	only if they are signed or	
	may quote for any or all		e nnormation required in this for	initialed by the suppl				only it they are signed or	
3. Price quotation(s) must be valid for a period of 60 calendar days from the date of submission.				8. The DILG shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.					
 Price quotation(s) to be denominated in Philippine Peso shall include all taxes duties and/or levies payable. 			goods not delivered v						
5. Quotati rejected.	ons exceeding the Approv	red Budg	et for the Contract (ABC) shall be	other courses of action	on and rem	edies open to	o it.		
highest ra	ted offer (for consulting s	ervices)	west quotation (for goods) or the which complies with the minimu I conditions stated herein.	12 - Car 1 10	17,5:00	to the		required documents on or The RAC shall not accept	
APPROVED BUDGET FOR THE CONTRACT (ABC): 57,500.00				Jany to Apolono					
							D. GONZALES uir, BAC		
ITEM NO.			ITEM DESCRIPTION		QTY.	UNIT	ABC PER ITEM	PRICE PER UNIT	
	Flash Drive, 4 GB Portable Scanner (6 2-Layer Desktop Or Glue (big) Record Book (100 l Long Folder Whiteboard Marker Trashbin (big)	ganizei eaves)			100 1 3 5 10 100 5 2	pcs pcs pcs bot pcs pcs box pcs			
REQUIREMENTS: For procurement projects with ABC > P50,000.00: "In order to be eligible for this procurement, suppliers/ service submit the following eligibility requirements: a. Valid Business/ Mayor's Permit b. PhilGEPS Certificate				rvice providers must					
	Purpose/Title of the Date of the Activity:		ty: ADM	_	Account of Authority Communication of Co				
Warranty	1		7	Price Validi	ity			I	
		ead and	d accepted your General Cor	nditions, I/We quote o	on the iter	.,,		e.	
					ignature/I	***************************************			
			Tel	. No./Cell	phone No.		-		