



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

Document Co	No. of Contract of	name Cariner or a named durink				
10000	FM-CP-RO1-FAD-038-2					
Rev. No.	Eff. Date	Page				
00	10.01.17	10/1				

## REQUEST FOR QUOTATION (RFQ)

	PROCUREME		NEGOTIATED PROCUREMENT - SMALL VALUE	PROCUREMENT			RFQ No.	10017-6	1-439	
	Procuring En	ntity: PDMU	DILG R1			11.5	Date:	1/2//	17-	
	y Name:									
ddress										
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	PS Registrat								- effice duly	
igned:	AND CONDI	TIONS:	te for the requirements listed hereunde							
of submission.				7. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed be the supplier or its authorized representative(s).  8. The DILG shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.  9. Liquidated damages equivalent to one-tenth of one percent (0.001) of the value of the goods in delivered within the prescribed delivery period shall be imposed per day of delay. The DILG shall rescind the contract once the amount of the contract, without prejudice to other courses of action						
ejected. i. Award iighest r	of contract sha ated offer (for	all be made consulting	to the lowest quotation (for goods) or the services) which complies with the minimum terms and conditions stated herein.	and remedies open to 10. Bidders shall subrect the deadline.	nit their au	otation toge the BAC Se	ther with all the r cretariat. The BAC	required documents C shall not accept qu	on or before otations receive	
	APPROVEI	) BUDGE	r for the contract (ABC): P95,000				D. D. GONZALES	S		
ГЕМ NO.			ITEM DESCRIPTION		QTY.	UNIT	ABC PER ITEM	M PRICE F	PER UNIT	
	REQUIREMEN  1. For proce  • Mer  2. For proce  • In or the for  a. Vali  b. Late  c. Phil	NTS: urement pr uu urement pr der to be el llowing elig id Business est Income GEPS Certi	ojects with Meals and Snacks: ojects with ABC > P50,000.00: igible for this procurement, suppliers/ service p. ibility requirements: / Mayor's Permit /Business Tax Return ficate m Statement	roviders must submit	200	piece	46.2			
			Activity: <u>FOR THE CMGP PROGRAM</u>							
	Date of the A	scuvity: _								
rranty Afte	r having car	efully rea	d and accepted your General Condition	Price Validit	ar led	) at price	s noted above.			
				Printed	Name/Si	gnature/I	Date			

Tel. No./Cellphone No.