Tulong!Sulong!

REQUEST FOR PRICE QUOTATION
21-10-0809

Date: October 20, 2021

Purpose: For the construction of Three(3) door Dormitory at 3rd floor of Operation Center, DSWD F02.

The DSWD Regional Office announces its intention to purchase goods and services and invites into BID for the following:

ITEM NO	ITEM	Quantity	Unit	Price Quotation		Remarks
				Unit Price	Total Price	
1	5.5mm² THHN Wire stranded wire @ 150m	4	boxes			
2	3.5mm² THHN Wire stranded wire @ 150m	8	boxes			
3	ceiling mounted pinlight 4" w/ LED Bulb 9W, complete accessories	20	sets			
4	ceiling mounted round LED lamp modern fixture 24W, 13" -14" diameter	9	sets			
5	surfaced mounted pinlight (outdoor) w/ LED Bulb 9W, complete accessories	8	sets			
6	Junction Box	40	pcs			PR# 2021-09-1620,1621 & 1622
7	Utility Box	37	pcs			
8	3 gang Switches w/ plate & cover, wide series	10	sets			
9	3 gang universal w/ ground Outlet w/ plate & cover	20	sets			
10	1 gang 2 way switch w/ plate & cover, wide series	2	sets			
11	2 gang outlet w/ plate & cover	10	sets			
12	Electrical Tape, big	20	pcs			
13	Panel Box (10 Holes w/ Main), 1-200Amp main, 3-100Amp,2-60Amp, 4- 30Amp,	1	sets			
14	electrical pvc flexible pipe/hose 1/2" , 50m/roll	4	rolls			
	Total Approved Budget=P 103,495.00					

Notes:
This can be sent through fax. Submission must be two (2) days upon receipt. Late canvass shall be automatically rejected.
* *Price quotations must be inclusive of tax.*

All interested suppliers are requested to **SUBMIT THEIR BIDS** on or before _____ to the DSWD Regional Office, Regional Center, Carig, Tuguegarao City thru:

    *DSWD E-Mail Address at bacsec.fo2@dswd.gov.ph
    *DSWD Regional Bids and Awards Committee

The following suppliers' business documents are required for submission to DSWD BAC Secretariat before bid submission:

    *DTI Business registration
    *Mayor's Permit
    *TAX Clearance

Bids submitted not in consonance with the above stated date, time and place would be rejected.

Others Required:
_____
_____

CELSO L. ARAO JR.
BAC Chairperson
Chief Admin. Officer
OIC, Asst. Reg'l Director for Admin
Canvassed By:

Quoted by:

_____
Registered Business Name

_____
Printed Name and Signature of Owner/Authorized Representative
Business Address : _____
Date of Submission : _____
Contact No : _____
Terms of Payment : _____
TIN Number : _____
Philgeps Registration no. _____

_____
Canvasser
(Signature over printed name)

ACKNOWLEDGMENT RECEIPT

Date:_____