

## Republic of the Philippines

SILAY CITY GOVERNMENT

Zamora Street Silay City, Negros Occidental

Telefax No: (034) 495-3746 Telephone No. (034) 495-6711

Standard Form Number: SF-GOOD-59

Revised on: May 24, 2004

Standard Form Title:

Request for Quotation

NO STEE	22	Project Reference N		
3		Name of Project		

Name of Project:

- CONST. & MAINT. DIVISION

Location of the Project: OFFICE OF THE CITY ENGINEER

Requested by: ENG'R. EDGARDO S. BEIRA, JR.

Engineer II

Date:

Quotation No.: 0328-B, PR No.0396

(BAC - Chairman)

Page No. (s): 2 OF 2

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than

\_ in the return envelope attached herewit ON H. DUMANCAS City Budget Officer

[1]. ALL ENTRIES MUST BE TYPEWRITTEN / INK.

After having carefully read and accepted your Genera

[2]. DELIVERY PERIOD WITHIN SEVEN (7) CALENDAR DAYS.

[3]. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR

FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.

CALENDAR DAYS. [4]. PRICE VALIDITY SHALL BE FOR A PERIOD OF

[5]. G-EPS REGISTRATION CERTIFICATE / NUMBER SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.

[6]. BIDDERS SHALL SUBMIT ORIGINAL BROCHURE SHOWING CERTIFICATION OF THE PRODUCT

	BEING OFFERED.				
STOCK NO.	NAME & DESCRIPTION OF ARTICLE	UNIT	QTY.	UNIT COST	TOTAL COST
NO.  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50		KLS. KLS. KLS. KLS. PCS. PCS. PCS. BAGS CU.M. CU.M. BAGS PCS. LGHTS. BAGS CU.M. CU.M. LGHTS. LTRS. LTRS.	9TY.  50 30 40 30 10 2 38 65 8 120 420 10 24 585 30 30 30 20 10 60 35		TOTAL COST
	Concrete Box Culvert with Apron, Wingwall and Overflow RCBC-Reinforce Concrete Pipe Culvert Hacienda San Mariano, Barangay Bagtic, Silay City (E.C)			Total :	
	Deliv	and Model:			

	arranty:		
Period of	validity:		
l Conditions,	I/We quote you on	the item at prices noted above.	
	Prin	ted Name / Signature	
-	Teleph	one No. / Cellphone No.	
		email address	
		Date	