



**Republic of the Philippines  
Province of Negros Occidental  
City of San Carlos**

Telephone No. (034) 312-5205

**REQUEST FOR QUOTATION**

|                      |                   |
|----------------------|-------------------|
| REF. NUMBER:         | 1195 /            |
| DATE:                | October 2, 2024 / |
| PURCHASE REQUEST NO. | 1-24-05-0968 /    |
| DATED:               | May 30, 2024 /    |
| ABC:                 | 55,000.00 /       |
| BAC RES. NO. TFB /   | 1250-24 /         |
| DATED:               | October 1, 2024 / |

**CITY ENGINEERING DEPARTMENT /**

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

  
 MA. BRITAD REBODOMIA  
 CGADH I-PMSD  
 BAC Secretariat & Procurement Div.-CMO(Reassigned)

- NOTE:**
- ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
  - WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
  - PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
  - ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
  - PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) (EXCEPT FOR GASOLINE & DIESEL FUEL)**

| ITEM NO. | UNIT | ITEM & DESCRIPTION   | QTY. | UNIT PRICE | TOTAL |
|----------|------|--|------|------------|-------|
| 1        | unit | <b>Delivery Term:15 Working Days /</b><br><b>Submersible Pump /</b><br>- SF - 112AD /<br>- Diameter: 2"/<br>- Max Head: 16M /<br>- Max Flow: .35m/m /<br>- 220 Volts /<br>- 60HZ / | 1    |            |       |
| 2        | unit | <b>Jack Hammer /</b><br>- 200-200V/50/60HZ /<br>- 1700W /<br>- 1400min./<br>- .45J /<br>- 15kls. /<br><br>X-X-X-X-X-X-X-X-X-X  | 1    |            |       |

**PURPOSE** For use in Purchase of 1 Unit Submersible Pump and 1 Unit Jack Hammer

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

\_\_\_\_\_  
Printed Name/Signature

CANVASSED BY: \_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Tel.No./Cellphone No./E-Mail Address

\_\_\_\_\_  
Date