

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

Telephone No. (034) 312-5205

		REQU	REQUEST FOR QUOTATION		
		REF. NUMBER:			
		DATE:	IECT NO	April 3, 2025	
-	The state of the s	PURCHASE REQUESTED:	JEST NO.	4-25-02-0303	
	A CONTROL OF A CONTROL OF THE CONTRO	ABC:	Lot II	February 13, 2025	
		ADC.	LOT II	6,000.00	
		BAC RES. NO.	NP-SVP	0406-25	
		DATED:	141 -541	April 3, 2025	
		DATED.		April 3, 2023	
Gentlemen:		CITY WA	TERWORKS	DEPARTMENT /	
	Please quote your lowest price on the item/s listed below		neral Conditio	ns, stating	
the shortest t	time of delivery and submit your quotation duly signed by y	our representative.		1	
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		1		REBADOMIA	
		BAC Soc		DH I curement DivCMO	
NOTE:	1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN	DAC Sec	retariat & 710	curement DivCiviO	
	2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR S	UPPLIES & MATERIALS	,		
	ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE I				
-	3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DA	YS			
4	4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OF	CCIDENTAL			
	5. PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS	UPON RECEIPT OF	REQUEST FO	R QUOTATION (RFQ)	
	EXCEPT FOR GASOLINE AND DIESEL FUEL.				
DECAL			1150=	·	
NO. UNIT	ITEM & DESCRIPTION	QTY.	UNIT	TOTAL	
IVO.	LOT II. CEMENT		PRICE		
1 cans	uPVC Solvent Cement 400cc	30			
1	Petro decide de la constante d				
	LOT III. AGGREGATES				
1 cu. m.	Mixing Sand	/20			
2 cu. m.	Crushed Aggregates (3/4 max)	/10			
	X-X-X-X-X-X-X-X-X-X				
	Delivery Term:15 Working Days				
		-			
PURPOSE	For re-positioning of cluttered Level III in-house service	connections from c	Irainage cana	Is and roadways to /	
J JOE	utility strip, this City.				
	After having corofully road and assented your Control	anditions IAA/	to vov == th-	itam/a at	
prices noted	After having carefully read and accepted your General C	onaitions, I/We quo	te you on the	item/s at	
huces united	above.				
		***************************************	Printed Nam	ne/Signature	
			7 IIIIOG IVAII	ioroigi iatai e	
CANVASSED	BY:				
	Printed Name/Signature	Tel.N	a./Cellphane	No./E-Mail Address	

Date