

## REPUBLIC OF THE PHILIPPINES

## DEPARTMENT OF BUDGET AND MANAGEMENT

GENERAL SOLANO STREET, SAN MIGUEL, MANILA

## **REQUEST FOR QUOTATION**

The Department of Budget and Management (DBM), through its Administrative Service (AS), will undertake a Small Value Procurement for the "Rental of Communication Device," in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project

Rental of Communication Device

Approved Budget

One Hundred Twelve Thousand Pesos (P112,000.00)

for the Contract

Specifications

See the attached Annex "A" for specifications

Location

: G/F DBM Building III, Gen. Solano St., San Miguel, Manila

**Delivery Date** 

Within seven (7) calendar days from receipt of the Notice to Proceed

Interested suppliers are required to submit their valid and current Mayor's Permit and PhilGEPS Registration Certificate, and price quotation (Annex "A").

Submission of quotation and eligibility documents is on or before 3:00 p.m. of May 27, 2016 at the Administrative Service, Ground Floor, DBM Bldg. III, Gen. Solano St., San Miguel, Manila. Open submission may be submitted, manually or through facsimile at fax no. 735-4979.

For inquiry, you may contact us at tel. nos. 735-4979 or 791-2000 local 3115.

Very truly yours,

ATTY. ANDREA CELENE M. MAGTALAS

Director IV, Administrative Service

## PRICE QUOTATION FORM

Date				
	iervice et and Management Bldg. III, Gen. Solano St.,			
Sir/Madam:				
	lly read and accepted the tentation/s for the item/s as follow		ns in the Reques	t for Quotation,
Description	Specification	Quantity	Unit Price	Total Price
Rental of Communication Device	<ul> <li>2 Way Professional Radio</li> <li>Battery Life: 48 Hrs</li> <li>PC Programmable</li> <li>Built In Vox Function</li> <li>Emergency Alert</li> <li>128 Memory Channel</li> <li>LED Flashlights</li> <li>Large LED Display</li> </ul>	40 pcs		
		Total (inclusive of VAT)		
(Amount in Words) _ The above-quoted pr	ices are inclusive of all costs an	d applicable taxes		
Very truly yours,				
Name/Signature o	f Representative			
Name of Com	pany			

Contact No.