Nan				0 1 1 1	44	2710		
Name of Procuring Entity:		Provincial Government of Dinagat Islands	Request for Quotation: Date		<u>11-2718</u> 2024-11-13			
Revised on: Standard Form Title:		REQUEST FOR QUOTATIONS	P.R. Number:			201(SEF)2024-11-2833		
Star	idard Form Title.	REQUEST FOR QUOTATIONS	Office/End-u			DED Division of D		
Com	npany Name :							
Add	ress :							
Tele	./Fax No. :							
	Delivery period within Order (P.O.) or Notice Price validity shall be For Drugs and Medic PhilGEPS Registratic attached upon submit an additional of latest 500,000.00 Bidders shall submit applicable.	pewritten or legibly written. 30 calendar days upon receipt of a eto Proceed, if applicable for a period of Sixty (60) calendar daines, expiration date shall be at least on Certificate, and Omnibus Sworn Station of the quotation for an ABC of reference/Business Tax Return for an original brochures showing certification of quotation shall be on acceptance of the delivered items, the	ays. 2 years upon latement (OSS) more than Php ABC of more to	delivery. i) shall be 50,000.00 han Php luct, if	and		DELA CRUZ	
					LINIT	UNIT PRICE	TOTAL COST	
ITEM	•	ITEM DESCRIPTION		QUANTITY	Civii		TOTAL GOO.	
NO.	•			140	рах		TOTAL COOT	
NO.							TOTAL GOOT	
NO.		on @ 2 days					TOTAL GOO.	
NO.	Accommodation, air-c	on @ 2 days					TOTAL GOOT	
NO.	Accommodation, air-c	on @ 2 days xxx nothing followsxxx						
NO.	Accommodation, air-c	on @ 2 days xxx nothing followsxxx	• Contract		рах		Php 77,000.00	
NO. 1	Accommodation, air-c	on @ 2 days xxx nothing followsxxx ty of Cagdianao, D.I. Approved Budget for the	⇒ Contract		рах	anty:		
NO.	Accommodation, air-control Location: Municipali NOTE: VAT inclusive	on @ 2 days xxx nothing followsxxx ty of Cagdianao, D.I. Approved Budget for the	∋ Contract		pax	•	Php 77,000.00	



Date:_____

Canvaser Name & Signature

Use this QRCode to validate the authenticity of this document,

Printed Name & Signature

Date:_____