

## Quezon City Government PROCUREMENT DEPARTMENT

2nd Floor Finance Building, Quezon City Hall, Central, Quezon City Tel No. 988-4242 loc 8709 / 8710 / 8711



2305109

## **NOTICE OF AWARD**

PR	O	JEC	1T	10
r	U		, , ,	v

: DPOS-23-SERVICES-0627B

**END USER** 

: DEPARTMENT OF PUBLIC ORDER AND SAFETY

PROJECT TITLE

: RENTAL OF METAL TRUSSES

Notice	is he	ereby given to IJM ENTERPRISES AND SERVICES INC.		with business address	
located at #39 Peso St., Phase 8 North Fairview, Quezon City				, that its bid offer for the above	
mentio	ned	project in the amount of One Hundred Seventy-Three Thousand	d Nine Hundred Ninety-N	line Pesos and 94/100 Only	
Prior to	Que forr ezor	has been accepted for having successfully satisfication City Government through the Quezon City Bids and Awards Conally entering into contract and to guarantee faithful completion of the City Government must be posted within a non-extendable period only of the following forms with the corresponding required amount:	ommittee - Goods the project, the Pe	(QC - BAC - Goods and Servi	
Form of Performance Security			(Equal to Perc	Amount of Performance Security (Equal to Percentage of the Total Contract Price)	
	а	Cash or cashier's/manager's check issued by a Universal or Commercial Bank.		Five Percent (5%)	
	b	Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank; Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five Pe		
	С	Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty P	Thirty Percent (30%)	
	d	Any combination of the foregoing.		to shareof form with	
PROV post the 1. Ford 2. Disc 3. Upoday ar	TIDEI ne Pe feitur qualit on co nd no on de		ments are complied day period shall re	d with. Failure of your office to sult in the following:	
Signe	ed th		MA. JOSEFINA C		
		ACKNOWLEDGEMENT RECEIPT AN  MANA MANAGES LOWER 15 - Holles  Signature Over Printed Name  IJM ENTERPRISES AND SERVICES INC.	D CONFORME   O CONFORME  Date	<u>20</u> 23	
		Authorized Representative Official Designation		6-193-000 *Number	
		09304673120			

Telephone Number