



Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO	Request for Quotation (P.R. No.) :	2024-06-165
Revised on :	Date :	June 18, 2024

REQUEST FOR QUOTATION

Standard Form/Title	24GJF0218 - Executive Chair and Steel Cabinet for use in the Commission on Audit Office, this district	Office/End-User	Finance Section
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COMPANY NAME :

ADDRESS :

TEL. NO./FAX No. :

TIN :

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of June 26, 2024 in the return envelope attached herewith, to the Goods & Services Division, Procurement Unit, Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sib

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 8 days upon receipt of the approved funded Purchase Order (P.O). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product .
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is P 42,000.00

RYAN VERGEL C. BUAC

Engineer - III

Chief, Planning & Design Section

~~BAC Chairperson~~

[illegible]

Brand Name and Model	: Ergodynamic Luxe and EMBS	Warranty	: None
Delivery Period	: 8 days	Price Validity	: None

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.

Tel. No. 957-3446

Printed Name / Signature / Date

Tel. No. / Cellphone No. / E-mail Address