

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Ipil, Zamboanga Sibugay



lame o	f Procuring Entity	: DPWH-Zamboan	iga Sibugay 2nd DEO	Request for Quotation	(P.R. No.)	:	2024-06-171		
evised	on:				Date	e :	June 26, 20	24	
Standar	d Form/Title	24GJF0220 - Dinno DPWH 2nd District E	er Catering Services for Engineering Office - Ipil, niversary Celebration, th	Zamboanga	mboanga			t	
COL	MPANY NAME	FOLIAMENTON NELVO VICENTINI ELE ESPERANTE LA MINI DE LOS ATERNOS D				*			
001	ADDRESS :								
TEL. NO./FAX No. :						TIN:			
epresen	tative not later than	st price on the item(s) in 10:00 A.M. of		e Terms and Conditions urn envelope attached i	s stated be nerewith, to	low and subm the Goods &	it your quotation du Services Division, F	y signed by your Procurement Unit,	
ERMS	and CONDITIONS	*						h /	
All entries must be typewritten or legibly written. Delivery period within 8 days upon receipt of the approved funded Purchase Order (Padministrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for no lelivery without valid reason. Warranty shall be for a mininum of three (3) months for supplies & materials; one year for Equipment from date of acceptance by the end-user. Price validity shall be for a period of sixty (60) calendar days. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. Bidders shall submit original brochures of the product. Please indicate the brand for each items being offered.					RYAN VERGEL C. BUAC				
tem No.		ITEMS & I	DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1	Dinner Caterina	Condoos			400	pax			
-	Dinner Catering	Services			400	pun			
	X-X-X-X								
							-		
							Company of the Compan		
				*					
			1						
				N.					
			100	4		-			
			News	Managh		Mone			
rand Name and Model : None elivery Period : 8 days				Warranty	•	None			
Afte	r having carefull	8 days y read and accepte nty and Price Validit	d your General Condit ty are left blank, it med	tions, I / We quote y ans that I concur w	ou on the	None item(s) at p rms and Cor	rices note above. nditions specified	- If the space for by DPWH.	
Tel. No. 957-3446 Printed Name / Signature / Date									
						Tel. No. /	Cellphone No. / E-	mail Address	