

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Ipil, Zamboanga Sibugay, Region IX

2024-08-243 Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) Revised on: Date August 28, 2024 REQUEST FOR QUOTATION Assistant District Engineer Office Standard Form/Title Office/End-User 24GJF0281 - Archfile Long Blue for use in the Procurement Unit, this district **COMPANY NAME ADDRESS** TIN: TEL. NO./FAX No. 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 <u>September 03, 2024</u> in the return envelope attached herewith, to the Goods & Services Division, Procurement Unit, Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay. **TERMS and CONDITIONS:** 1. All entries must be typewritten or legibly written. Delivery period within 6 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. Price validity shall be for a period of sixty (60) calendar days. Ingineer - III 4. G-EPS Registration Certificate/Mayor's Permit/DTI /shall be attached upon submission of the quotation. Chief Planning & Design Section 5. Bidders shall submit original brochures of the product. BAC Chairperson 6. Please indicate the brand for each items being offered. 7. The approved budget ceiling for this procurement is P 3,200.00 Item No. **ITEMS & DESCRIPTION** QTY. UNIT **UNIT PRICE TOTAL PRICE** 20 pcs Archfile Long Blue X-X-X-X Brand Name and Model : Warranty None None **Delivery Period** 6 days Price Validity : 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