



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA DEL NORTE 2ND DISTRICT ENGINEERING OFFICE
Sta. Isabel, Dipolog City, Region IX

Name of Procuring Entity: DPWH ZN 2nd District Engineering Office

Revised on:

Standard Form/Title:

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./FAX NO.: _____

Request for Quotation: **P.R. No. 25-06-127**

Date: **06/08/2025**

Office/End-User: **Management Section**

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 _____ with the return envelope attached herewith, to the BAC Secretariat for Goods, Sta. Isabel, Dipolog City.

TERMS AND CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within thirty (30) calendar 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 from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar Days.
5. PhilGEPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product, (If applicable)
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is **Php161,170.02**

JOSE TEOVY S. OCHOTORENA
BAC Chairperson

REQUEST FOR QUOTATION

Item No.	ITEMS & DESCRIPTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	T-Shirt, assorted sizes	297	pc		
	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X				
Purpose:	For use in the DPWH 127th Anniversary for the 2nd quarter				
	CY-2025, this district.				

Brand Model: _____

Delivery Period: _____

Total Amount P _____

Warranty: _____

Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices 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.

Printed Name/Signature/Date

BAC - SECRETARIAT:

Tel. No. 212 - 2538

Fax. No. (065) 212 - 2538

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



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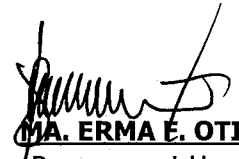
APPROVED BUDGET FOR THE CONTRACT (ABC)

Summary of Costs


Fill out all the spaces provided. Write (N/A) if not applicable.

No.	Item	Cost
1	Actual Market Price of Product	P 161,170.02
2	Incidental Expenses	
	• Taxes/Customs/Duties	N/A
	• Licenses/Registration	N/A
	• Insurance	N/A
	• Storage/Freight/Hauling	N/A
	• Installation/Removal	N/A
	• Training Costs	N/A
	• Cost of Inspection	N/A
	• Others: (Specify)	
3	Cost of Money/Adjustment for Inflation	N/A
4	Discounts (for Bulk Buying)	N/A
5	Spare Parts/Maintenance Costs/Warranty	N/A
6	Adjustment for currency valuation	N/A
	(if procured from a foreign country/abroad)	
7	Life cycle cost	N/A
	Grand Total	P 161,170.02

Prepared by:


MA. ERMA E. OTIC
Procurement Head
Specialized Office Concerned

Approved by:


AMINODIN MANIRI
District Engineer