

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
CAPIZ 2ND
DISTRICT ENGINEERING OFFICE
Regional Office VI

Name of Procuring Entity : DPWH-Capiz 2nd DEO		Request for Quotation (P.R. No.) : 2025-05-0016	
Revised on :		Date : May 27, 2025	
Standard Form/Title : REQUEST FOR QUOTATION		Office/End-User : Administrative Section	
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 2:00 P.M. of JUNE 24, 2025 in the return sealed envelope attached herewith, to the Bids and Awards Committee Office, Capiz 2nd District Engineering Office, Dumalag, Capiz.

PROCUREMENT OF TONER TO BE USED IN THE ADMINISTRATIVE SECTION (RECORD UNIT) AND CONSTRUCTION SECTION OF THE DPHW CAPIZ 2ND DEO.

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 E.O. 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-EPIS Registration Certificate/Mayor's Permit/DTI/Omnibus sworn statement shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product .
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is Php 254,850.00

~~SALVADOR T. RIPALDA~~

BAC Chairman

[illegible]

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.

Printed Name / Signature / Date

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