

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS QUIRINO DISTRICT ENGINEERING OFFICE Cabarroguis, Quirino, Region II



		PWH - QDEO P.R. No.				2024-11-200						
Revised on :		Date :			11/04/2024							
	Standard Form/Title : REQUEST FOR QUOTATION Office/End				: 1	Maintenance Sec	tion					
COMPANY												
ADDRESS				TIN *:								
TEL. NO. /F	FAX. No. *											
PhilGEPS F	Reg. No. * :			Email *:								
Please quo	te your lowest pr	ice on the item(s) listed, subject to the	Terms and Co	nditions s	stated b	elow and submit	your quotation					
duly signed by your representative not later than 10:00 A.M. of November 12, 2024 in the return envelope attached herewith, to												
the Bids and Award Committee, Quirino District Engineering Office, Cabarroguis, Quirino.												
							3					
TEDMC 2	ad CONDITION	C.										
TERMS and CONDITIONS:  1. All entries must be type written or legibly written.												
			hased Order (D O	) Adminis	trativo		<b>(</b> )					
2. Delivery period within <u>30 CD</u> upon receipt of the approved funded Purchased Order (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid												
reason.	parsaarie to occir o	of the Nevisca INV 101 510 I shall be impe	osca for flori acin	rei y manoc	ic valia		*					
3 Warranty shall be for a minimum of three (3) months for supplies and materials: One (1) year for												
Equipment; Three (3) years IT Equipment from date of acceptance by the end user.												
4. Price Valid	4. Price Validity shall be for a period of 60 calendar days  A Phile Space Price Validity shall be for a period of 60 calendar days  BAC Chairman											
5. A. PhilGEPS Registration Number  B. Mayor's Permit shall be attached upon submission of the quotation.												
6 Please inc	s remin snan be an dicate the brand for	r each items being offered.										
		for this procurement is <u>P 83,875.00</u>										
100						]						
ITEM No.		ITEM & DESCRIPTION		QTY	UNIT	UNIT PRICE	TOTAL PRICE					
1	Ballpen Black/	12 pcs/box		5	box							
2	Binder Clip 1" (	25.4mm)		10	box							
3		(slow Down & One way)		20	рс.							
4		(Prepare to stop)		20	рс.							
5	2'x2' Tarpaulin			20	pc.							
6	Dishwashing Li			6	bottle							
7	Door Mat (Clot			10	pc.							
8	Glass Cleaner			6	pc.							
9	Mosquito Refel			5	bottle							
10		rker, broad/fine (black)		1	box							
11		ox Epson PXMB9; C9345		2	box							
12		ox Epson PXMB3; C5290		1	kl							
13	Epson Ink 008			5	cart.							
14	Epson Ink 008			5	cart.							
15	Epson Ink 008			5	cart.							
16	Epson Ink 008,			5	cart.							
17	Toilet Bowl Cle			5	bottle							
18	CDRW with ca			10	рс.							
19	White Board m	9-9-9-9-10-10-0-0-0-0-0-0-0-0-0-0-0-0-0-		1	box							
20	Reflectorized S	Sticker 7" (175mm) (Red)	nline is the na	200	In. ft.	ion Alair -!!-f	4					
2024-11-200 - Supply and delivery of Office and janitorial supplies in the Maintenance Section, this district												
Place of De		will be on a lump are basis Deser	ootivo Comet'-	n mai:=1	unte f	all itams - Oll -	mulaa thaa add ta					
		will be on a lump-sum basis. Prosp	ective Supplier	s must q	note to	all items. Othe	rwise they will be					
	or disqualification				TO	TAL DUD						
	lovember 9, 2024 DUNT IN WORDS				10	TAL PHP						
I O I AL AIVIC	JOH I IN WORDS	J.										

Warranty Price Validity

2024-11-200

Page 1 of 2

Brand and Model Delivery Period



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Cabarroguis, Quirino, Region II

Procuring Entity		DPWH - QDEO	P.R. No.			2024-11-200
Revised on	:	DI WII- QDEO	Date			11/04/2024
		REQUEST FOR QUOTATION	Office/End U	lear		Maintenance Section
Standard Form/Title :		REQUEST FOR QUOTATION	Office/Effd Oser			Maintenance Section
COMPANY NAME *	1					
ADDRESS *						
TEL. NO. /FAX. No. *	:			TIN *:		
PhilGEPS Reg. No. *	:			Email *:		
		ice on the item(s) listed, subject to th				
		ntative not later than 10:00 A.M. of <u>N</u>			etur	n envelope attached herewith, to
the Bids and Award Con	nmit	tee, Quirino District Engineering Office	ce, Cabarroguis	, Quirino.		
		ead and accepted your General Condition: ity are left blank, it means that I concur wi	th the Terms and	Conditions s	spec	
			FII	med Name	/ 31	ignature / Date
			Te	I. No./CP N	o. &	email address
Note: Fill out all Fields	wit	th Asterisk *				

