

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS ISABELA 4TH DISTRICT ENGINEERING OFFICE

Quezon, San Isidro, Isabela



	g Entity : DPWH Isabela 4th DEO		RFQ No.		025-06-0038	
	Form/Title : REQUEST FOR QUOTATION				June 20, 2025	
vised			Office/End-U	: <u>Is</u>	sabela 4th DEO	
	NY NAME :					
DRE						
i. INC	0./ FAX NO. : Please quote your lowest price on the item(s) listed b	elow subject to the Terms and Condition	ns stated belo	ow and submi	it your quotation duly sig	ned by your represent
be of RMS All en Deliverninis	r than 10:00 A.M. June 26, 2025 in a sealed envelopened on the same day at 10:00 AM. and CONDITIONS thries must be typewritten or legibly written. ery period within 30 days upon submission a trative Penalties pursuant to Sec. 69 of the Revised IRF anty: YES; NOV (For Item Nos. Warranty shall be for a minimum of three (3) months for	nd receipt of the approved funded Purch R-RA 9184 shall be imposed for non-deliv	ased Order (I very without v	P.O.) valid	JURE T. D.	IZON, MISEM ruction Section
Price PhilG All ite Liquid ason. Perfo Incor . Bid Om	rmance Bond: YES; NO V nplete quotation shall be declared non-responsive ders shall submit original brochures showing certification	mission of the quotation. -RA9184 shall be imposed for non-delive ons of the product, if applicable.	ry without va	alid	BAC Ch	nairperso N
The	nibus Sworn Statement (Small Value Procurement): Ye					
tem		s; NoV_ Php 968,000.00	Qty	Unit	Unit Price	TOTAL PRICE
	approved budget ceiling for this procurement is	Php 968,000.00	Qty 220		Unit Price	TOTAL PRICE
em lo.	approved budget ceiling for this procurement is Item & Description Traffic Delineator Post with Base	Php 968,000.00	220	pcs	Unit Price	TOTAL PRICE
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After having carefully read and accepted your General Conditions. I/We quote on the item(s) at prices note above. If the space for delivery period, Warrant and Price Validaty are left blank, it means that I Concur with the Terms and Conditions specified

by the DPWH Isabela Fourth District Engineering Office.

Printed Name / Signature / Date

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