

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS ZAMBOANGA DEL NORTE 2ND DISTRICT ENGINEERING OFFICE

REGIONAL OFFICE IX

Sta. Isabel, Dipolog City	

	Entity: DPWH ZN 2nd District Engineering Office					
Revised on: Standard Form/Til	de:					
COMPANY NA	AE.	Request for Quotation: P.R. No. 24-07-171				
COMPANY NAM ADDRESS:	'IL:	Date:			15/2024	
TEL. NO./FAX NO.:		Office/End-Use TIN:		Admin. Section		
	Please quote your lowest price on the item(s) listed below, s	ubject to the Ten	ms and Condit	ions stated belov	ν,	
	ur quotation duly signed by your representative not later than 10 envelope attached herewith, to the BAC Secretariat for Goods,		log City.		*	
	CONDITIONS:			\cap		
	be typewritten or legibly written. within fifteen (15) calendar days upon receipt of the approved funded			11	ì	
	O.) Administrative Penalties pursuant to Sec. 69 of the			\		
	184 shall be Imposed for non-delivery without valid reason.			Ju. 1		
	be for a minimum of three (3) months for supplies & materials; one year for late of acceptance by the end-user.		14			
	all be for a period of sixty (60) calendar Days.		CHARITY D. RELLOSA			
	ration Certificate/Mayor's Permit/DTI shall be attached upon submission of the	quotation.	BAC Chairperson			
	bmit original brochures showing certifications of the product, (If applicable) the brand for each items being offered.				Γ	
	adget ceiling for this procurement is Php119,407.31					
	REQUEST FOR Q	NOTATION				
Item No.	ITEMS & DESCRIPTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1	Ballpen, Black, 0.5 (12 pcs/box)	17	box	<u> </u>		
2	Ballpen, Blue, 0.5 (12 pcs/box)	13	box			
3	Battery AA, Alkaline, 2 pcs/packet	5	packet			
4	Battery AA, Alkaline, 4 pcs/packet	6	packet			
5	Battery AAA, Alkaline, 1.5 volts, 2 pcs/packet	11	packet			
6	Battery AAA, Alkaline, 4 pcs/packet	6	packet			
7	Brown Envelope, A4 size, 100 pcs/pack	1	pack			
8	Brown Envelope, Legal size, 100 pcs/pack	1	pack			
9	Clip, Backfold, 19mm, 12s/box	10	box			
10	Clip, Backfold, 25mm, 12s/box	5	box			
11	Clip, Backfold, 32mm, 12s/box	20	box			
12	Clip, Backfold, 50mm, 12s/box	5	box			
13	Comb Binder Plastic, size: 1-1/2 inch	10	piece			
14	Comb Binder Plastic, size: 2 inches	5	piece			
15	Comb Binder Plastic, size 3/8 inch	10	piece			
16	Correction Tape, usable length of 6 meters	61	plece			
17	Data Folder, ISO	75	piece		<u> </u>	
18	Documentary Brown Envelope, A4, 500 pcs/box	1	box		-	
19	Documentary Brown Envelope, Long, 500 pcs/box	1	box			
20	Double-Sided tape with Foam, 1 inch, 6 meters	10	roll	<u> </u>		
21	Double Sided Tape, 1"	5	roll	ļ	·	
22	Double Sided Tape, 10mm, 6 meters	6	roll	ļ		
23	Double Sided Tape, 2"	3	roll			
24	Folder Tagboard, A4 size, 100 pcs/box	11	box	<u> </u>		
Brand Model:			Sub Total Amount P Warranty:			
Delivery Period:		Price Vali	dity:		 	
	After having carefully read and accepted your General Conditions, I/We quote	e you on the Item(s)	at prices above.			
If the space for D	elivery Period, Warranty and Price Validity are left blank, it means that I concur	with the Terms and	Conditions specifi	ed by <i>DPWH</i> .		
				/Signature/Date		
BAC - SECRE	TARIAT:		THICCO HOLLIO	, 2, 9, 1, 4, 4, 7, 7, 1, 1, 1		
Tel. No. 212 -					,	
Fax. No. (065)	212 - 2538		Tel. No./Cell	phone No./E-mai	Address	



Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS ZAMBOANGA DEL NORTE

2ND DISTRICT ENGINEERING OFFICE

REGIONAL OFFICE IX Sta. Isabel, Dipolog City

Name of Procuring Entity: <u>DPWH ZN 2nd District Engineering Office</u> Revised on:

Fax. No. (065) 212 - 2538

Standard Form/Title	e:					
	•	Request fo	r Quotation: F	P.R. No. 24-07	7-171	
COMPANY NAME: Date: ADDRESS: Office/End-L			07/15/2024			
ADDRESS:				Admin. Section		
TEL. NO./FAX N	iO.: Please quote your lowest price on the item(s) listed below, subject	TIN: ect to the Term	ns and Conditi	ons stated below	7	
and submit you	r quotation duly signed by your representative not later than 10:00 envelope attached herewith, to the BAC Secretariat for Goods, Sta) A.M. of				
with the return	envelope attached herewith, to the DAC Secretariat for Goods, Su	u. 13abel, Dipol	og City.			
	CONDITIONS:			\cap		
1. All entries must	be typewritten or legibly written. within fifteen (15) calendar days upon receipt of the approved funded			()	1	
Purchase Order (P.	O.) Administrative Penaities pursuant to Sec. 69 of the			\		
Revised IRR-RA 91	84 shall be imposed for non-delivery without valid reason.			*/		
3. Warranty shall b	e for a minimum of three (3) months for supplies & materials; one year for	ĺ		/ V S		
	ate of acceptance by the end-user. all be for a period of sixty (60) calendar Days.			HARITY D. REL		
5. PhilGEPS Regist	ration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quo	otation.		BAC Chairpers	on X	
6. Bidders shall sul	bmit original brochures showing certifications of the product, (If applicable)	[Ψ	
	the brand for each items being offered.					
8.The approved bu	adget ceiling for this procurement is Php119,407.31 REQUEST FOR QUO	NOITATION				
Item No.	ITEMS & DESCRIPTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
25	Folder, Long, Ordinary 100s/box	10	box		<u> </u>	
26	Glue Stick, Big	10	рс			
27	Gun Tacker Wire, size: 1/4, 6mm	10	box			
28	Marking Pen, Highlighter, Assorted color	6	set			
	Masking Tape, 2 inches, 48mm	6	roll			
29	,	6	рс			
30	Mechanical Pencil, 0.7mm	20	pad			
31	Note Pad, Post-It, 3 x 3	2	box			
32	Paper Clip, Gem-Type, 48mm, 100s/b0x	21	box	1		
33	Paper Fastener (Plastic, Non-Sharp Edges) colored	78	ream	1		
34	Paper, A3, Muticopy, 80gsm		ream	 	1	
35	Paper, Legal, Muticopy, 80gsm	10	bottle	+		
36	Permanent Marker Ink, Black	2	Dottie	+	 	
	Permanent Marker, Black (refer with end-user's specific	8	·pc			
37	requirement Photo Paper, A4 (20 sheets/pack), Glossy	11	pack			
38		6	piece			
39	Record Book, 150 pages	5	bottle			
40	Refill Ink for Self-Inking Stamp	6	piece			
41	Refillable Permanent Marker, Broad, Black		piece	 		
42	Refiliable Whiteboard Marker, Broad, Black	8 6	piece			
43	Ruler, 24 inches, Steel/Metal					
44	Scissors, Heavy-Duty, Big	6 20	piece	-	·	
45	Sign Pen, 0.7mm	20	piece			
		Sub Total Amou				
Brand Model:		Warranty Price Val				
Delivery Period			-			
	After having carefully read and accepted your General Conditions, I/We quote y	you on the Item(s)	at prices above.	0-4 h		
If the space for I	After having carefully read and accepted your deficient a condition, you desired a condition of the property period, Warranty and Price Validity are left blank, it means that I concur w	ith the Terms and	Conditions speci	fied by <i>DPWH</i> .		
	•			e/Signature/Date	}	
DAG GEOR	ETADIAT:					
BAC - SECRI			m 1 N /C-1	lebono No /E-ma	il Addross	



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2ND DISTRICT ENGINEERING OFFICE

REGIONAL OFFICE IX Sta. Isabel, Dipolog City

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

BAC - SECRETARIAT: Tel. No. 212 - 2538 Fax. No. (065) 212 - 2538

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Standard Form/Title	e:					
		Request fo	or Ouotation:	P.R. No. 24-07	7-171	
COMPANY NAME:			or Quoudom		5/2024	
ADDRESS:		Office/End-Use		Admin. Section		
TEL. NO./FAX N	IO.:	TIN:	ne and Condit	long stated below		
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Item No.	ITEMS & DESCRIPTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
46	Sign Pen, Black	15	piece			
47	Sign Pen, Black, Branded, 12pcs/box	3	box			
48	Sign Pen, Blue	7	piece			
49	Staple Wire #35, Standard	20	box			
50	Staple Wire, Copper, #35	10	box			
51	Sticker Paper, A4 (20 sheets/pack), Glossy	10	pack			
52	Sticky Note Pad "Please Sign Here"	10	packet			
53	Sticky Note, 5 Pads/packet (Sign Here)	10	roll			
54	Tape, Masking, 48mm, 2"	8	roll			
	Tape, Packaging 48mm, 50 meters	5	roll			
55	Tape, Fransparent, 24mm, 1", 50 meters	15	roli			
56		31	roll			
57	Tape, Transparent, 48mm, 2"	4	piece			
58	White Board Eraser	4	bottle			
59	White Board Marker Ink, Black	4	plece			
60	White Board Marker Broad Tip, Black Branded	4	plece			
61	White Board, Size: 18 x 24 inches		piece			
	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X					
	Control of the second of the s			 		
Purpose:	Consolidation of office Supplies for use in various office for the		-			
	3rd quarter CY-2024, this district.	d Total Amou	nt D		_!	
_	Gran	Warrant				
Brand Model: Delivery Period:		Price Val				
Denvery reside:						
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I			Drinted Nam	o/Signature/Date		

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