

## Republic of the Philippines

## DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

## ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Ipil, Zamboanga Sibugay



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

Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) Revised on April 19, 2024 REQUEST FOR QUOTATION Standard Form/Title Office/End-User **Finance Section** 24GJF0134 - Digital Blood Pressure for use in this district Office **COMPANY NAME ADDRESS** TIN: TEL. NO./FAX No. 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 in the return envelope attached herewith, to the Goods & Services Division, Procurement Unit, Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. 2. Delivery period within 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 mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user. ion Section 4. Price validity shall be for a period of sixty (60) calendar days. 5. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. 6. Bidders shall submit original brochures of the product . 7. Please indicate the brand for each items being offered. 8. The approved budget ceiling for this procurement is P 3,780.00 Item **ITEMS & DESCRIPTION** QTY. UNIT UNIT PRICE TOTAL PRICE No. 1 piece Digital BP X-X-X-X-X **Delivery Period** Price Validity : 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. 957-3446