

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE





Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) Revised on : April 26, 2024 Date REQUEST FOR QUOTATION Standard Form/Title Office/End-User Supply Unit 24GJF0146 - Volleyball for use in the DPWH Employees Physical Fitness, this district **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 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 Sib 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. Chief, Planning & Design 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. BAC Chairperson 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 1,190.00 Item **ITEMS & DESCRIPTION UNIT PRICE** TOTAL PRICE OTY LIMIT No. 2 pieces 1 Mikasa Volleyball X-X-X-X Price Validity : **Delivery Period** 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 Tel. No. / Cellphone No. / E-mail Address