

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Ipil, Zamboanga Sibugay, Region IX

Name of Pr	ocuring Entity	: DPWH-Zamboanga Sibugay 2nd DEO	Request for Quota	tion (P.R. No.) :	2024-10-31	0
Revised on	THE RESERVE TO SHARE THE PARTY OF THE PARTY	3 3		Dat		October 22, 2	
Standard Form/Title		REQUEST FOR QUOTATION 24GJF0342 - Aircon Cleaning for use in the Cash Unit, this district Office/End-User Administrative Section					
001	:				:		
COI	ADDRESS :						
TEL. NO./FAX No. :		TIN:					
Please q	uote your lowest per not later than 1	price on the item(s) listed below, subject to the 0:00 A.M. of <u>October 26, 2024</u> in the ref., Tirso Babiera, Ipil, Zamboanga Sibugay.	Terms and Conditio turn envelope attache	ns stated bel	ow and submit	t your quotation duly Services Division, P	signed by your rocurement Unit,
All entries Delivery p Administrativ delivery with Price valid G-EPS Regis Bidders sh Please ind	eriod within 4 come penalties pursua out valid reason. dity shall be for a pestration Certificate/Penalt submit original dicate the brand for	en or legibly written. days upon receipt of the approved funded Purant to Sec. 69 of the Revised IRR-RA 9184 shall eriod of sixty (60) calendar days. Mayor's Permit/DTI shall be attached upon submission brochures of the product . r each items being offered. thor this procurement is _P _1,300.00	be imposed for non-	RYAN VERGEL C. BUAC Engineer - III Chief, Planning & Design Section BAC Chairperson			
Item No.		ITEMS & DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Aircon Cleaning	9		1	unit		
	X-X-X-X						
/							
		*					
		4			>		
				-			
Brand Name	and Model	:	Warranty	:			
Delivery Pe	riod :	4 days	Price Validit	y :	None		
After ho Delivery Po	aving carefully a eriod, Warranty	read and accepted your General Condition and Price Validity are left blank, it mean	ons, I / We quote s that I concur wi	you on the th the Term	item(s) at pr s and Condi	ices note above. I tions specified by	f the space for DPWH.
	Tel. No. 9	57-3446			Printe	ed Name / Signatur	e / Date
					Tel. No. /	Cellphone No. / E-	mail Address