

Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
CAPIZ 2ND  
DISTRICT ENGINEERING OFFICE  
Regional Office VI

Name of Procuring Entity	: DPWH-Capiz 2nd DEO	Request for Quotation (P.R. No.)	: 2024-04-0017
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Revised on :	Date : April 1, 2024
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Standard Form/Title	:	REQUEST FOR QUOTATION	Office/End-User :	Planning & Design Section
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**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 2:00 P.M. of APRIL 16, 2024 in the return sealed envelope attached herewith, to the Bids and Awards Committee Office, Capiz 2nd District Engineering Office, Dumalag, Capiz.

PROCUREMENT OF OFFICE SUPPLIES TO BE USED IN PAVEMENT MANAGEMENT SYSTEM (PMS) OF PLANNING AND DESIGN SECTION.

**TERMS and CONDITIONS :**

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 CP 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 minimum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. G-EPS Registration Certificate/Mayor's Permit/DTI/Omnibus sworn statement shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product.
7. Please indicate the brand for each item being offered.
8. The approved budget ceiling for this procurement is Php 53,000.00

  
**SHERWIN I. GALLEROS**  
 BAC Chairman. 

[illegible]

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.

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*Printed Name / Signature / Date*

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