| | | Republic of DEPARTMENT OF PUBI ZAMBOANGA SIBUGAY 2nd Lower Ipil Heights, Ipil, J | DISTRICT ENGI | | G OFFICE | : | |
|--|--------------------------------|---|------------------------------------|---|----------|--------------------|-------------|
| | | | | | | | |
| Name of Pro | ocuring Entity | : DPWH-Zamboanga Sibugay 2nd DEO | Request for Quotation | n (P.R. No.) | : | 2025-02-05 | 9 |
| Revised on : | | | Date : February 25, 2025 | | | | |
| Standard | Form/Title 2 | REQUEST FOR QUOTATION 25GJF0066 - Liquefied Petroleum Gas (LPC use in the District Engineer's Office, this | G) (11kg) for | e/End-User | | Supply Unit | t |
| COI | | | | | - | | |
| | ADDRESS | | | | | | |
| TEL | . NO./FAX No. : | | | | TIN : | | |
| representativ Zamboanga | ve not later than 10:0 | ce on the item(s) listed below, subject to the 00 A.M. of <u>March 04, 2025</u> in the retu rso Babiera, Ipil, Zamboanga Sibugay. | | | | | |
| All entries must be typewritten or legibly written. Delivery period within <u>7 days</u> 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. Price validity shall be for a period of sixty (60) calendar days. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. Bidders shall submit original brochures of the product . Please indicate the brand for each items being offered. The approved budget ceiling for this procurement is <u>P 1,200.00</u> | | | | CHRISTOPHER LEBAL Assistant District Engineer H BAC Gramperson B | | | |
| ltem No. | | ITEMS & DESCRIPTION | | QTY. | UNIT | UNIT PRICE | TOTAL PRICE |
| 1 | Liquefied Petroleu | ım Gas (LPG) 11kg. | | 1 | tank | <u> </u> | |
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| Brand Name | | | Warranty | <u> </u> | | | |
| Delivery Pe After ho | eriod : aving carefully red | 7 days ad and accepted your General Condition nd Price Validity are left blank, it means | Price Validity ns, I / We quote ye | ou on the i | | | |
| | Tel No. 057 | 2 0 4 4 6 | | - | Drin | tod Nama / Signatu | / Data |
| Tel. No. 957-3446 | | | | Printed Name / Signature / Date | | | |