

## Republic of the Philippines

## DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

## ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Lower Ipil Heights, Ipil, Zamboanga Sibugay, Region IX

2025-03-106 : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) Name of Procuring Entity March 20, 2025 Date REQUEST FOR QUOTATION Office/End-User Maintenance Section 25GJF0104 - Vehicle's Accessories for use in the repair Standard Form/Title of service vehicle Toyota Hilux with Plate No. JAD-3482, this district COMPANY NAME ADDRESS : TIN: TEL NO JFAX 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 March 27, 2025 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 embiles must be typewritten or legibly written. Delivery period within 7 days 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 nondelivery 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. 6. Please indicate the brand for each items being offered. 7. The approved budget ceiling for this procurement is P 1,896.00 UNIT PRICE TOTAL PRICE **ITEMS & DESCRIPTION** QTY. UNIT No. 1 liter Primer 1 Mer 2 Thinner 6 pieces 3 Sand Paper #120 X-X-X-X-X Brand Name and Model None 7 days 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