Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE
Lower Ipil Heights, Ipil, Zamboanga Sibugay, Region IX

Name of Procuring Entity	: DPWH-Zamboanga Sibugay 2nd DEO	Request for Quotation (P.R. No.) :	**2025-05-149**
Revised on :		Date :	**May 07, 2025**

REQUEST FOR QUOTATION

Standard Form/Title :	**25GJF0141 -** Car Insurance to be used in Planning & Design Section, this district	Office/End-User :	Planning & Design Section

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 May 14, 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 entries must be typewritten or legibly written.
2. 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 non-delivery without valid reason.
3. Price validity shall be for a period of sixty (60) calendar days.
4. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
5.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 2,376.00***

CHRISTOPHER L. EBAL
Assistant District Engineer
BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Car Insurance	1	unit		
	x-x-x-x-x				

Brand Name and Model : _____ **Warranty** : _____

Delivery Period : 7 days **Price Validity** : None

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.

Tel. No. 957-3446

Printed Name / Signature / Date

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