

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	, ,		2025-05-167 May 16, 2025		
Revised on:	:			Date	9:	May 16, 202	. 5	
Standard Form/Title		REQUEST FOR QUOTATION 25GJF0161 - General Cleaning of Inverter & Window Type Aircon for use in the District Engineer's Office, this district			Supply Unit			
COI	MPANY NAME :				•			
ADDRESS :								
TEL. NO./FAX No. :				TIN:				
representativ	e not later than 1	price on the item(s) listed below, subject to the 10:00 A.M. of <u>May 23, 2025</u> in the return Tirso Babiera, Ipil, Zamboanga Sibugay.	Terms and Conditions in envelope attached h	stated belo erewith, to	ow and submithe Goods &	it your quotation duly Services Division, P	signed by your rocurement Unit,	
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-PS 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 3,450.00				CHRISTOPHER LEBAL Assistant District Engages BAC Desirperson				
Item		ITEMS & DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
No .	General Cleani	ing of Inverter Type Aircon		2	units			
2		ing of Window Type Aircon		1	unit	+		
	x-x-x-x	ing of Window Type Timeon						
							<u> </u>	
Brand Name and Model :Warranty							_	
	aving carefully	7 days read and accepted your General Condition and Price Validity are left blank, it means		ou on the	and Condit	ions specified by L	DPWH.	
Tel. No. 957-3446						Printed Name / Signature / Date		
Tel. No. / Cellphone No. / E-mail							mail Address	