

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS SIQUIJOR DISTRICT ENGINEERING OFFICE

Larena, Siquijor, Region VII

Appendix 61

PURCHASE REQUEST

Entity Name: DPWH-Siquijor District Engineering Office Fund Cluster: _01_ COA Circular No. 2015-07 S 2015

			COA Circular No. 2015-07 S 2015				
Office/Section: Supply & Property Management Unit		P.R. No. <u>2024-11-04 </u> Responsibility Center Code: <u>18-001-18-00123</u>	Date: November 7, 2024				
STOCK/ PROPERTY NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL		
I.T. Parts Ac	cessories &	Perip.					
0657	unit	Photo Conductor Unit: Black, Part No. D0BK2240	1		=		
0658	unit	Photo Conductor Unit: Cyan, Part No. D0BK2241	1		-		
0659	unit	Photo Conductor Unit: Cyan, Part No. D0BK2242	1		-		
0660	unit	Photo Conductor Unit: Cyan, Part No. D0BK2243	1		-		
0661	unit	Transport Belt, Part No. D0E36097	1		-		
х-х-х-х				TOTAL	_		
		Approved Budget for the Contract - P 109,715.76 CHARGE TO: QAS - EAO FY2024					
Purpose: Fo	r use in th	e replacement of damage part of printer/scan	ner/copier o	of Gestetner Mack	nine.		
Requested by:			Approved by:				

Signature: Printed Name:

Administrative Officer III (Supply Officer II) Head, Supply and Property Management Unit Designation:

Page 1 of 1



Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS SIOUIJOR DISTRICT ENGINEERING OFFICE

Larena, Siquijor, Region VII

RFQ No.: 2024-041-NOV

Name of Procuring Entity: DPWH - Siquijor

Request for Quotation: P.R. No. 2024-11-041

Revised on: Date: November 8, 2024

Standard Form/Title: REQUEST FOR QUOTATION COMPANY NAME:

ADDRESS:

CELL NO./TEL NO. /FAX NO.:

Date: November 8, 2024

Office/End User: Supply & Property Management Unit

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 November 18, 2024 in the return envelope attached herewith, to the Goods & Services DPWH–Siquijor District Engineering Office, Larena, Siquijor.

TERMS and CONDITIONS:

- 1. All entries must be typewritten or legibly written.
- Delivery period within 15 C.D. upon receipt of the approved funded Purchase Order (P.O.). Administrative Penalties Pursuant to Sec. 69 of the Revised IRR of R.A.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/Supplier's Confidential Application for Registration shall be attached upon submission of the quotation.
- 6. Bidders shall submit original brochures of the product, if applicable.
- 7. Please indicate the brand for each items being offered, if applicable.
 8. The approved budget ceiling for this procurement is Php 109,715.76

Asst. District Engineer
BAC Chairperson, BAC for Goods

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Photo Conductor Unit: Black, Part No. D0BK2240	1	unit		
2	Photo Conductor Unit: Cyan, Part No. D0BK2241	1	unit		
3	Photo Conductor Unit: Cyan, Part No. D0BK2242	1	unit		
4	Photo Conductor Unit: Cyan, Part No. D0BK2243	1	unit		
5	Transport Belt, Part No. D0E36097	1	unit		
х-х-х	The awarding for this RFQ will be on a lump-sum basis Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification				

Purpose: For use in the replacement of damage part of printer/scanner/copier of Gestetner Machine.

Brand and Model: _____ Warranty : _____

Delivery Period : Price Validity: _____

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 black, it means that I concur with the Terms and Conditions specified by DPWH.

Telefax: 035-542-5760

Email Address: dpwh_siq2015@yahoo.com

Printed Name / Signature / Date Tel. No./Cellphone No./Email Address