



Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
**ZAMBOANGA DEL NORTE 2<sup>ND</sup> DISTRICT ENGINEERING OFFICE**  
Sta. Isabel, Dipolog City, Region IX

Name of Procuring Entity: DPWH ZN 2nd District Engineering Office

Revised on:

Standard Form/Title:

Request for Quotation: **P.R. No. 25-05-046**

Date: **05/02/2025**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO./FAX NO.: \_\_\_\_\_

Office/End-User: **Administrative Section**

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 \_\_\_\_\_ with the return envelope attached herewith, to the BAC Secretariat for Goods, Sta. Isabel, Dipolog City.

**TERMS AND CONDITIONS:**

1. All entries must be typewritten or legibly written.
2. Delivery period within thirty (30) calendar 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. Warranty shall be for a minimum of three (3) months for supplies & materials; one year for Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar Days.
5. PhilGEPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product, (If applicable)
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is **Php29,009.20**

**JOSE TEOVY S. OCHOTORENA**  
BAC Chairperson

**REQUEST FOR QUOTATION**

Item No.	ITEMS & DESCRIPTIONS	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Refrigerator, Inverter 5.9 cu. ft - 7.6 cu. ft	1	unit		
	Automatic Voltage Regulator, 3000VA	1	unit		
	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X				
Purpose:	Purchase of office equipments/appliances for use in the				
	Administrative Section for the 2nd quarter CY-2025, this district.				

Total Amount P \_\_\_\_\_

Brand Model: \_\_\_\_\_

Delivery Period: \_\_\_\_\_

Warranty: \_\_\_\_\_

Price Validity: \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices 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

**BAC - SECRETARIAT:**

Tel. No. 212 - 2538

Fax. No. (065) 212 - 2538

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