

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA DEL NORTE

1ST DISTRICT ENGINEERING OFFICE
Segabe, Piñan, Zamboanga del Norte, Region IX



Name of Procuring Entity:		Request for Quotation	P.R. No.: 24-08-112
Revised on:		Date:	8/15/2024
Standard Form/Title:		Office/End-User: Finance 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 Condition stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of

AUG-29-2024 in the return enveloped attached herewith, to the BAC Secretariat, DPWH Compound, Segabe, Piñan, Zamboanga del Norte.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery period within fifteen (15) c.d. upon receipt of the approved funded Purchase Order (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA
3. 9184 shall be imposed for non-delivery without valid reason
4. 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,
5. Price validity shall be for a period of sixty (60) calendar days.
6. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.

6. Bidders shall submit original brochures showing certification of the product.
7. Please indicate the brand for each item being offered.

8. The approved budget ceiling for this procurement is P

[illegible]

Purpose:	<u>Supply and Delivery of 1 Set Disc Pad, 1 Pc Alternator V-Ribbed, etc.,, for use in the Preventive Maintenance of service vehicle TOYOTA Hilux with Temporary Plate Number 090809 assigned in the office of the Finance Section..</u>
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Brand Model:	Warranty:	Total Amount	P
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 blank, it means that I concur with the Terms and Conditions specified by DPWH.

Telefax: 065-213-6395
dpwh_segabe@yahoo.com

Printed Name / Signature / Date

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