



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
REGIONAL OFFICE II
Dalan na Pavvurulun, RGC, Carig Sur, Tuguegarao City, Cagayan



Procuring Entity : DPWH – Regional Office II
Standard Form/Title : **REQUEST FOR QUOTATION**
Revised on :
COMPANY NAME :
ADDRESS :
CONTACT NUMBER :
T.I.N. :
RFQ No. : **2025-03-030**
Date : March 20, 2025
Office/End User Unit : Administrative Division

Please quote your lowest price on all the items listed, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative **not later than 10:00 A.M. on March 25, 2025**, in a sealed envelope to the Procurement Unit, DPWH Regional Office II, Tuguegarao City, Cagayan and will be opened on the same day at **10:00 A.M.**

TERMS and CONDITIONS:

1. All entries must be type written or legibly written.
2. Delivery period within 30 calendar days upon receipt of the approved funded Purchase Order. Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies and materials; One (1) year for Equipment from date of acceptance by the end user.
4. Price Validity shall be for a period of **30 calendar days**
5. Documentary Requirements shall be attached upon submission of the quotation.
6. All items shall be procured as "One Lot"
7. Liquidated Damages pursuant to Sec. 68 of the Revised IRR-RA9184 shall be imposed for non-delivery without valid reason.
8. Performance Bond: Yes ; No
9. Incomplete quotation shall be declared non-responsive.
10. You may submit your Quotation and Requirements through casem.hilario@dpwh.gov.ph / capelo.kristel@dpwh.gov.ph

Approved Budget Ceiling: **P996,040.00**

Mode of Procurement: Shopping


BERNARD T. CALABAZON
Chief, QAH Division
BAC Chairperson

Documentary Requirements			
Mayor's Permit :	/	PhilGEPS Reg. No. or Reg. Certificate :	/
DTI/SEC :	/	Income/ Business Tax Return :	N/A
Tax Clearance Certificate :	/	Omnibus Sworn Statement :	N/A

Item No.	Item Description	Brand & Model	Quantity	Unit	Unit Cost	Total Cost
1	Epson 003 Cyan		35	pcs		
2	Epson 003 Magenta		35	pcs		
3	Epson 003 Black		56	pcs		
4	Epson 003 Yellow		35	pcs		
5	Epson 008 Cyan		98	pcs		
6	Epson 008 Magenta		98	pcs		
7	Epson 008 Yellow		98	pcs		
8	Brother D60 Black		120	pcs		
9	Brother 5000 Cyan		93	pcs		
10	Brother 5000 Magenta		93	pcs		
11	Brother 5000 Yellow		93	pcs		
12	Epson 188 Black		90	pcs		
13	Epson 188 Magenta		83	pcs		
14	Epson 188 Yellow		71	pcs		
15	Epson 188 Cyan		86	pcs		
16	Flashdrive, 32gb		77	pcs		
	x-x-x-x-x-x-x					
	For use in DPWH Regional Office II					
TOTAL						

Delivery Period : _____ Price Validity : _____
Warranty : _____

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted 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 Regional Office II.

Name & Signature of Supplier: _____
Date: _____
Contact Number: _____