



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA DEL NORTE
1ST DISTRICT ENGINEERING OFFICE
REGIONAL OFFICE IX

Name of Procuring Entity:		Request for Quotation		P.R. No.: 25-07-011	
Revised on:				Date: 27/2/2025	
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

MAR 12 2025

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 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 shall be attached upon submission of the quotation.

SANTIAGO D. TOLENTINO, II
Assistant District Engineer
FAC, Chairperson

Item No.	ITEMS & DESCRIPTIONS	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Airconditioning Window Type 2.5 HP	1	unit		
	MINIMUM SPECIFICATION				
	> Aircon Capacity: 2.5 hp				
	> Category: Window Type				
	> Feature: Inverter				
	Power: 220V/60HZ				
	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:	Supply and Delivery of 1 Unit Airconditioner, Window Type, 2.5 HP for use in the replacement of 1 unit airconditioner Finane Section DPWH 1ST District Engineering Office, Segabe, Pifian, Zamboanga del Norte
	P

Brand Model:	Warranty:	Total Amount
Delivery Period:	Price Validity:	

Telefax: 065-213-6395
dpwh_segabe@yahoo.

Printed Name / Signature / Date
Tel. No./Cellphone No./E-mail Address