



Name of Procuring Entity : DPWH-ZN 4th District Engineering Office

Request for Quotation No. RFQ-2025-0006

Revised on :

Purchase Request No.	2025-02-11-0004
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Standard Form/Title : REQUEST FOR QUOTATION

Office/End-User : Administrative Section

COMPANY NAME :

ADDRESS :

TEL.NO./FAX No. :

TIN No.

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 2:00 P.M. of FEB 21 2025 in the return envelope attached herewith, to the BAC Secretariat for Goods, 4th District Engineering Office, M. Francisco, Siocon, Zamboanga del Norte

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 Calendar Days upon receipt of the approved funded Purchased 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/ Omnibus Sworn Statement / Tax Clearance Certificate shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certification of the product, if applicable
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is 85,650.00

JONAS D. MANLANGIT
RAC Chairperson

PURPOSE: For used in Safeguarding the Compound of the DPWH 4th DEO, M. Francisco, Siocon, Zamboanga del Norte

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

Printed Name / Signature / Date

Tel. No. / Cellphone No. / Email Address