



Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Ipil, Zamboanga Sibugay, Region IX

Name of D	ouring Entity	DRIMH Zambaanga Sibusay 2nd DEO	Peguant for Our	ation /D D No.		2024-11-34	9	
Name of Procuring Entity Revised on :		: DPWH-Zamboanga Sibugay 2nd DEO	request for Quot	Quotation (P.R. No.) : Date :		November 18, 2024		
Standard Form/Title		REQUEST FOR QUOTATION 24GJF0384 - Liquid Petroleum Gas (LPG) for District Engineer's Office, this district	or use in the	ffice/End-Use		Supply Unit		
CON	PANY NAME :							
ADDRESS :								
TEL. NO./FAX No. :		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 signerepresentative not later than 10:00 A.M. of November 25, 2024 in the return envelope attached herewith, to the Goods & Services Division, Proceed Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay.						signed by your rocurement Unit,		
1. All entries 2. Delivery p Administrativ delivery with 3. Price valid 4. G-EPS Regis 5.Bidders sh 6. Please inc	eriod within	en or legibly written. days upon receipt of the approved funded Purcant to Sec. 69 of the Revised IRR-RA 9184 shall eriod of sixty (60) calendar days. Mayor's Permit/DTI shall be attached upon submission of brochures of the product. r each items being offered. g for this procurement is _P _1,200.00	be imposed for non)-	RYAN VERGEL C. BUAC Engineer - III Chief, Planning & Design Section BAC Champerson			
Item No.		ITEMS & DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1	LPG 11kg.	4		1	tank			
	X-X-X-X							
	4.00		10/00	,				
Brand Name and Model : Warranty : Delivery Period : 7 days Price Validity : None 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.							- - If the space for y DPWH.	
Tel. No. 957-3446				Printed Name / Signature / Date				
Tel. No. / Cellphone No. / E-mail Address								