



Republic of the Philippines  
 DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
 SORSOGON FIRST DISTRICT ENGINEERING OFFICE  
 REGIONAL OFFICE V  
 Guinlajon, Sorsogon City

Name of Procuring Entity : DPWH Sorsogon 1st DEO	Request for Quotation (P.R. No.) : <u>2024-06-0067</u>
Revised on :	Date : <u>6/11/24</u>
Standard Form/Title : <b>REQUEST FOR QUOTATION</b>	Office/End-User : <b>Maintenance Section</b>
COMPANY 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 signed by your representative not later than **10:00 A.M** on 18 JUN 2024 in the return envelope attached herewith, to the **Procurement Unit, DPWH Sorsogon 1st DEO, Guinlajon, Sorsogon City.**

- TERMS and CONDITIONS :**
1. All entries must be typewritten or legibly written.
  2. Delivery period within **Fifteen (15) days** 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 for IT Equipment** from date of acceptance by the end-user.
  4. Price validity shall be for a period of **sixty (60) calendar days.**
  5. For all Supplier, the two (2) envelope system will be followed.  
-The first envelope shall contain the following eligibility document/s.  
**PhilGEPS Registration Certificate (Platinum), Mayor's Permit, DTI/SEC Registration, Tax Clearance including Income/Business Tax Return, Certificate of Registration, Omnibus Sworn Statement (not applicable for ABC<Php 50,000.00) and original brochures showing certifications of the product (if applicable)** shall be attached upon submission of the quotation.  
-The second envelope which contain the quotation shall only be opened after the first envelope is declared complying.
  6. Bidders shall **submit original brochures (if applicable)** of the product .
  7. Please indicate the **brand for each items** being offered.
  8. The approved budget ceiling for this procurement is **P 280,000.00**
  9. Please **specify brand name** otherwise, bids will not be accepted.
  10. **Quotation thru electronic mail/fax will not be accepted.**

*(Signature)*  
**NIDA D. RELLAMA**  
 OIC-Assistant District Engineer  
 BAC-Chairman

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
Purchase Request of Office Partition and Cubicle for use at Maintenance Section, DPWH Sorsogon 1st DEO					
1.	Office Partition and Cubicle	1	l.s		
	(See Attached Plan for details)				
	Note: authentic and genuine product				
	Purpose: For replacement of damaged partition and cubicle at Maintenance Section, DPWH Sorsogon 1st DEO (3rd Quarter)				
				Total -----	
<b>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.</b>				Amount in Words -----	

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. / E-mail Address

# CHECKLIST FOR GOOD'S

(Mode of Procurement: SMALL VALUE PROCUREMENT)

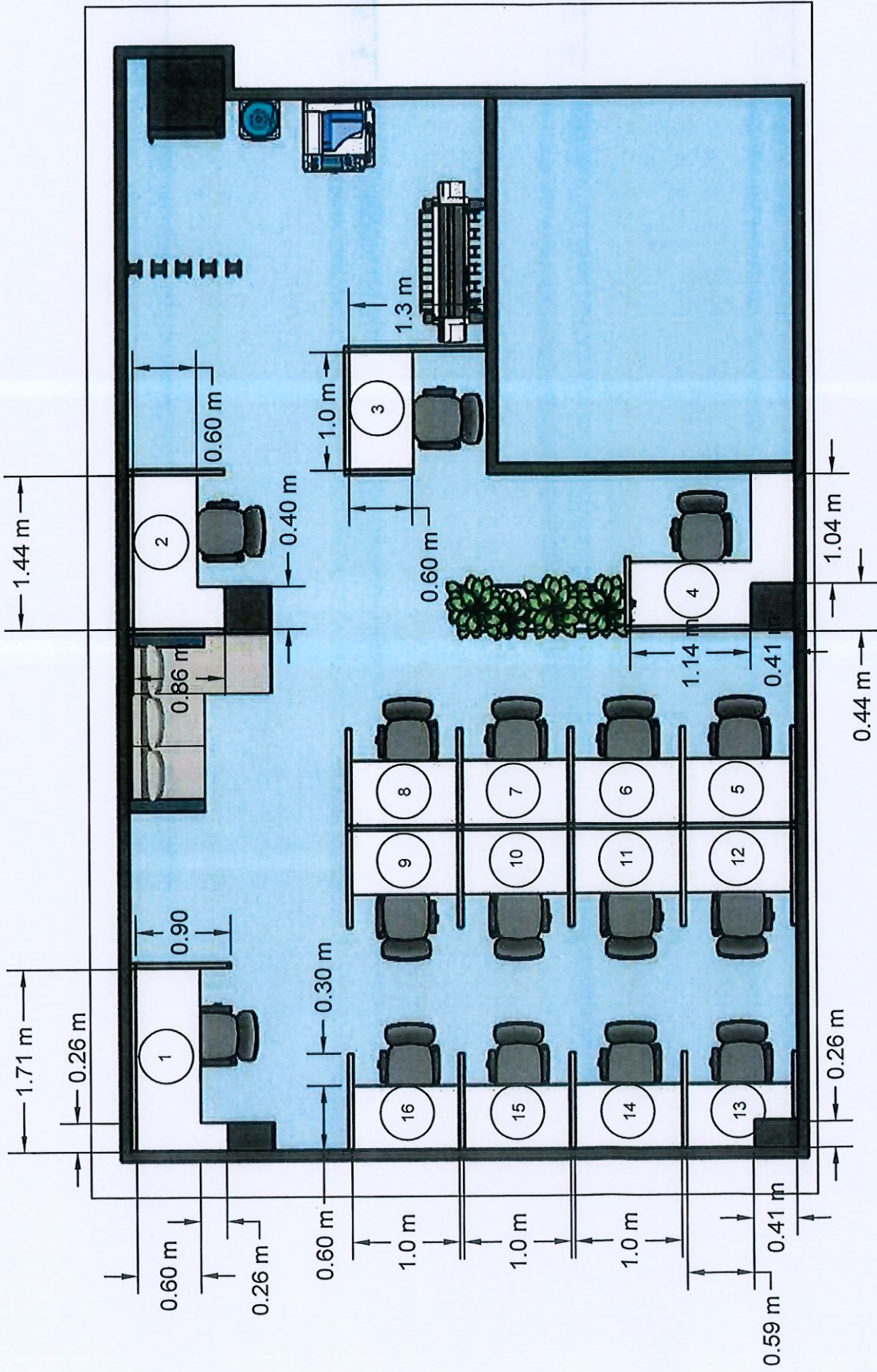
## Attachment :

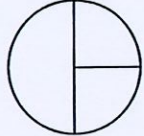
1. DTI Business Name/SEC Registration of Supplier
2. TAX Clearance & Monthly Payment of Taxes including Income/Business Tax Return
3. Certificate of PHILGEPS Registration
4. Latest/Updated Mayor's/Business Permit
5. Certificate of Registration (COR)
6. Omnibus Sworn Statement (Revised per GPPB Resolution No. 16-2020)
7. Bidders shall submit original brochures showing certifications of the product (if applicable)
8. Special Power of Attorney of Liaison and Valid Identification Card (if applicable)

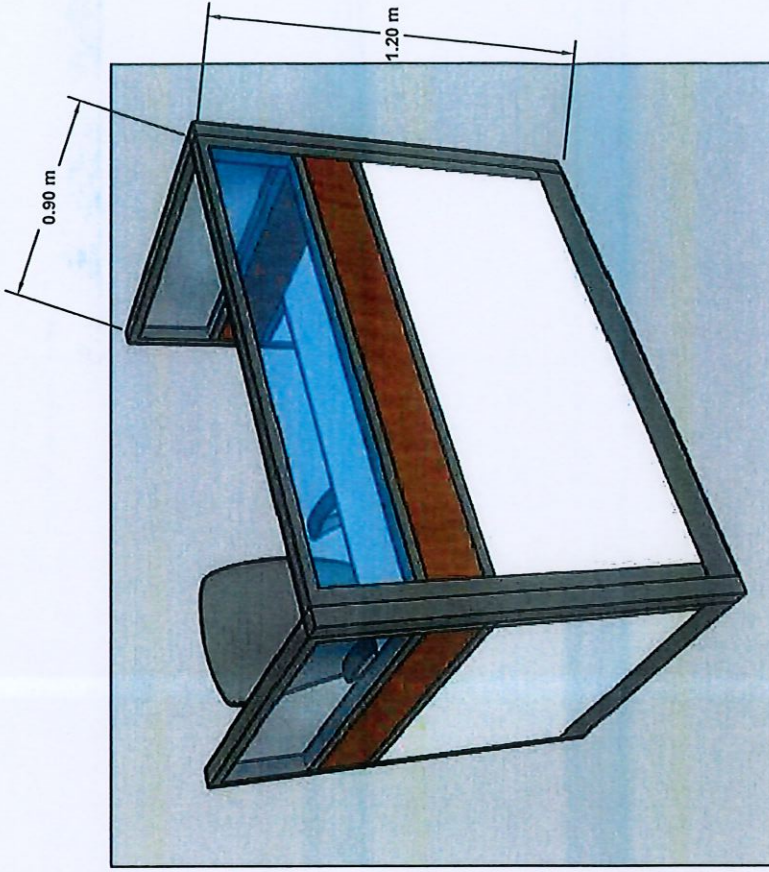
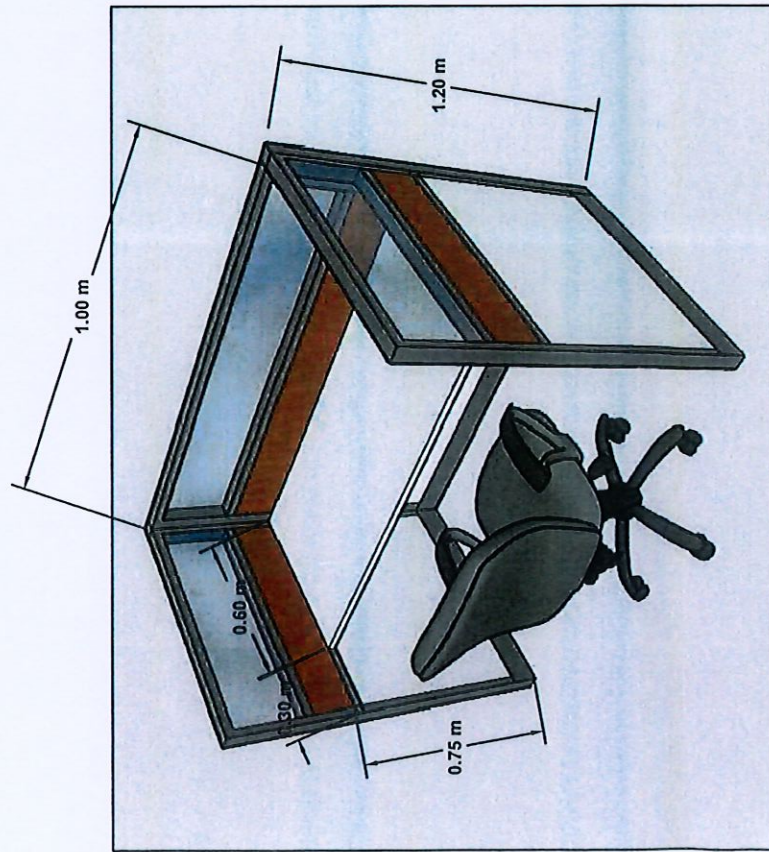
**Note:** Please indicate the brand for each items being offered (if applicable)

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Supplier's Signature




**MAINTENANCE OFFICE LAYOUT**  
 SCALE: NOT TO SCALE



**MATERIALS :** ALUMINUM FRAMING  
 ALUMINUM CLADDING DOUBLE WALLING  
 CLEAR GLASS WINDOW



**CUBICLE PERSPECTIVE**  
 SCALE: NOT TO SCALE