



Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
**SURIGAO DEL NORTE 1<sup>ST</sup> DISTRICT ENGINEERING OFFICE**  
Dapa, Siargao Island, Surigao del Norte, Region XIII



Name of Procuring Entity	: DPWH Surigao del Norte 1st DEO	Purchase Request No.:	2025-03-0041
Revised on	:	Date:	March 12, 2025
Standard Form/Title	: REQUEST FOR QUOTATION	Office/End-User:	RECORDS MANAGEMENT UNIT
Mode of Procurement	: Sec. 52.1(b) SHOPPING		
COMPANY NAME	:		
ADDRESS	:		
TEL. NO./FAX NO.	:	TIN No.:	

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 am of **MAR 25 2025** in the return envelope (SEALED) attached herewith to the BAC Secretariat, Surigao del Norte 1st District Engineering Office, Dapa, Siargao Island, Surigao del Norte.

**TERMS and CONDITIONS:**

- 1) All entries must be typewritten or legibly written
- 2) Delivery period within **30 CD** upon receipt of the approved funded Purchase Order (P.O.) Administrative penalties pursuant to Sec. 69 of the Revised IRR of RA 9184 shall be imposed for non-delivery without valid reasons.
- 3) Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year for Equipment; 3 years I.T. Equipment from date of acceptance by the end-user
- 4) Price Validity shall be for a period of 60 Calendar Days
- 5) PhilGEPs Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of 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 (ABC) for this procurement is Php 148,450.00
- 9) Bids submitted thru Mail or Fax will not be accepted.

  
**QUINTINIANO C. ARMENDAREZ, JR.**  
BAC Vice-Chairperson

The awarding for this RFQ will be on lump-sum basis. Prospective suppliers must quote for all of the items, otherwise they will be subjected for disqualification.

ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Toner Cartridge Fuji Xerox DocuCentre S2022 CT203024 Black	2	piece		
2	Toner Cartridge Fuji Xerox DocuCentre S2022 CT203024 Magenta	2	piece		
3	Toner Cartridge Fuji Xerox DocuCentre S2022 CT203024 Cyan	2	piece		
4	Toner Cartridge Fuji Xerox DocuCentre S2022 CT203024 Yellow	2	piece		
5	Toner Cartridge Fuji Xerox DocuCentre S2520	2	piece		
6	Drum Cartridge Fuji Xerox DocuCentre S2520	2	piece		
7	Epson Original Ink Refill Black 001	3	bottle		
8	Epson Original Ink Refill Cyan 001	3	bottle		
9	Epson Original Ink Refill Magenta 001	3	bottle		
10	Epson Original Ink Refill Yellow 001	3	bottle		
11	Epson (L14150) Maintenance Box	2	piece		
12	Developer Unit Fuji Xerox DocuCentre SC2022 Black	2	piece		
13	Developer Unit Fuji Xerox DocuCentre SC2022 Yellow	2	piece		
14	Developer Unit Fuji Xerox DocuCentre SC2022 Magenta	2	piece		
15	Developer Unit Fuji Xerox DocuCentre SC2022 Cyan	2	piece		
	x-x-x-x-x-x-x-x				

**Purpose:** COMMON COMPUTER CONSUMABLES SUPPLIES USE FOR RECORDS MANAGEMENT UNIT

**Total Amount:**

**Total Amount in Words:**

Brand Name and Model :	_____	Warranty	_____
Delivery Period :	_____	Price Validity	_____
Place of Delivery :	To be delivered at DPWH, Surigao del Norte 1st DEO, Dapa, SDN	Terms of Payment :	Cash on Delivery NOT applicable

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above. If the space for Delivery Period, Warranty and Prices Validity are left blank, it means that I concur with the Terms and Condition specified by DPWH.

Tel.No. \_\_\_\_\_  
Email Address: [dpwhsurigaodelnorte1st@gmail.com](mailto:dpwhsurigaodelnorte1st@gmail.com)

Printed Name/Signature \_\_\_\_\_

Tel. No./Cellphone No./Email Address \_\_\_\_\_