Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA CITY 1st DISTRICT ENGINEERING OFFICE
Zamboanga City, REGIONAL OFFICE IX

BAGONG PILIPINAS

Name of Procuring Entity: DPWH-ZC 1st DEO	Request for Quotation/PR No.: **2025-06-050**
Revised on:	Date: **June 5, 2025**
Standard Form/Title: **REQUEST FOR QUOTATION**	Office/End User:
COMPANY NAME :	For use in the office of the District Engineer, DPWH -
ADDRESS :	ZC 1st DEO
TEL NO./FAX NO. :	TIN No: Mode: SVP

Please quote your 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 am of ________________ , 2025 in the return envelope attached herewith.

TERMS AND CONDITIONS:

1.All entries must be encoded or legibly written.
2.Delivery period with **30 calendar days** upon receipt of the approved funded Purchase Order (P.O). Administrative Penalties pursuant to Section 69 of the Revised IRR of RA 9184 shall be imposed for non-delivery without valid reason.
3.Warranty shall be for a minimum of three (3) months for supplies and materials; one (1) year for Equipment ; three (3) years I.T 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, Mayors Permit, DTI/SEC, Tax Clearance, Updated Anual ITR and Omnibus Sworn Statement shall be attached upon submission of the quotation.
6.Bidders shall submit original brochures showing certifications of the product if applicable.
7.Please indicate the brand for each item being offered, if applicable.
8.Bids must be submitted personally. Bids submitted electronically or through courier service will not be accepted.
9.The accomplished RFQ and all required documents must be securely bound together in a single document, with no loose pages.
10.The approved budget ceiling for this procurement is **Php133,856.00**

GLIEZA E. CACERES
BAC - Chairperson

ITEM	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Folder (long) White	50	piece		
2	Folder (A4) White	50	piece		
3	Sign pen 0.8	5	box		
4	Sign pen 0.5	5	box		
5	Record book (500 pages)	20	piece		
6	Bottom load water dispenser	2	unit		
7	Stainless Scissor (big)	3	piece		
8	Car Vacuum	1	Unit		
9	Stainless Steel Kitchen Storage Cabinet, Heavy Duty Rack 5 Layers Kitchen Racks Organizer Shelf	1	Unit		
10	Staple wire (no.35)	15	box		
11	Sticker paper	10	pack		
12	Photo paper	5	pack		
13	USB (128GB)	3	piece		
14	Laminating machine	1	unit		
15	Laminating film (A4)	2	pack		
16	Dishwashing paste (Smart)	12	piece		
17	rechargeable electric fan	1	unit		
18	Sticky notes (1/2 inch)	10	pad		
19	Sticky notes (1/8 inch)	10	pad		
20	Highlighter	10	piece		
21	Extension wire (10m)	3	piece		
22	Bleaching solution	2	gallon		
23	Dishwashing liquid	6	bottle		
24	Outdoor Doormat rubber (Black)	6	piece		
25	Detergent powder (1kl)	6	pack		
26	Airfreshener spray (lavander,apple,lemon)	12	bottle		
27	Mosquito killer spray	2	box		
28	Toilet thick bleach	6	bottle		
29	Easy squeeze mop	2	piece		
30	Tissue roll (12 rolls)	6	pack		
31	Mop liquid cleaner	6	bottle		
32	Mr. Muscle Glass cleaner (Lavender)	1	box		

33	Trash bag (small)	12	pack		
34	Trash bag (big)	12	pack		
35	Toilet deodorant cake (Big)	10	piece		
36	Scotch brite foam	10	piece		
37	Zim cleaner with active germicides	6	bottle		
38	Scrubbing pads	10	pack		
39	Tornado mop with bucket	3	piece		
40	Mr. Muscle multi purpose cleaner (Lavender)	3	box		
41	Alcohol spray	12	piece		
42	Alcohol	4	gallon		
43	Solar Powered Emergency Lights	2	Unit		
x-x-x Nothing Follows x-x-x					

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 concure w/the Terms & Conditions specified by DPWH.

Tel No. 984-2451 Telefax: 984-2452
c/o Josiflor R. Vicente

____
Printed Name/Signature/Date

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Tel No. / Cellphone No. / E-mail Address