Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ZAMBOANGA SIBUGAY
2nd DISTRICT ENGINEERING OFFICE
Ipil, Zamboanga Sibugay

BAGONG PILIPINAS

Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) :

Revised on : Date : **April 08, 2024**

REQUEST FOR QUOTATION

Standard Form/Title : **24GJF0106** - Biometric ZK Teco LX-50 for use of DPWH PErsonnel, this district

Office/End-User : Supply Unit

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. of _____ in the return envelope attached herewith, to the Goods & Services Division, Procurement Unit, Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay

TERMS and CONDITIONS :

1. All entries must be typewritten or legibly written.
2. Delivery period within _____ 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 mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures of the product .
7. Please indicate the brand for each items being offered.
*8. The approved budget ceiling for this procurement is **P 7,500.00***

RYAN VERGEL C. BUAC
Engineer - III
Chief, Planning & Design Section
BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Biometric ZK Teco LX-50	1 piece			
	x-x-x-x-x				

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.

Tel. No. 957-3446

_____
Printed Name / Signature / Date

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