

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE
Ipil, Zamboanga Sibugay, Region IX

Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) 2024-11-330 Revised on: November 07, 2024 REQUEST FOR QUOTATION Standard Form/Title Office/End-User **Finance Section** 24GJF0365 - Bed Room Supplies and Accessories for use in the Commission on Audit Office, this district **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 epresentative not later than 10:00 A.M. of November 03, 2024 in the return envelope attached herewith, to the Goods & Services Division, Procurement Unit, amboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay TERMS and CONDITIONS: All entries must be typewritten or legibly written. 2. Delivery period within <u>8 days</u> 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 nonselivery without valid reason. Engineer - III Price validity shall be for a period of sixty (60) callendar days. Chief, Planning & Design Section L.G.EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. BAC Charperson Bidders shall submit original brochures of the product i. Please indicate the brand for each items being offered The approved budget ceiling for this procurement is P 2,050.00 Item **ITEMS & DESCRIPTION** QTY. UNIT **UNIT PRICE** TOTAL PRICE No. 1 Bed Sheets 2 pieces 2 | Flat Sheet 1 piece 3 Pillow Case 1 piece A **Bed Cover** 1 piece 5 **Duvet Cover** 1 piece X-X-X-X-X and Name and Model Warranty elivery Period 8 days 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 elivery 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