

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.) : 2024-12-388 December 20, 2024 Revised on: Date: REQUEST FOR QUOTATION Standard Form/Title Office/End-User Supply Unit 24GJF0423 - Plastic Chair for use in the District Engineer's 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 representative not later than 10:00 A.M. of December 27, 2024 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. C/BUAC Delivery period within 7 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-RYAN VERGEL delivery without valid reason. Chief, Planning & Design Section 3. Price validity shall be for a period of sixty (60) calendar days. 4. G-EPS Registration Certificate/Mayor's Permit/DTI shall be attached upon submission of the quotation. BAC Chairperson 5. Bidders shall submit original brochures of the product. 6. Please indicate the brand for each items being offered. 7. The approved budget ceiling for this procurement is P 4,550.00 Item **Expanded Folder** QTY. UNIT UNIT PRICE **TOTAL PRICE** No. Plastic Chair 7 pieces X-X-X-X **Brand Name and Model** Warranty 7 days Price Validity : None 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