

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.) : 2025-01-038 January 13, 2025 Revised on : **REQUEST FOR QUOTATION** Standard Form/Title 25GJF0037 - Brake Shoe for use in the repair of worn Office/End-User Maintenance Section out parts of service vehicle Strada with Plate No. KAB-9395, this district **COMPANY NAME ADDRESS** TIN: TEL NO./FAX No. 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 representative not later than 10:00 A.M. of January 20, 2025 in the return envelope attached herewith, to the Goods & Services Division, Procureme Zamboanga Sibugay 2nd DEO, Tirso Babiera, Ipil, Zamboanga Sibugay. TERMS and CONDITIONS: 1. All entries must be typewritten or legibly written. 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-Chief, Planning & Design S delivery without valid reason. **BAC Chairpers** 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. 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 2,890.00 Item **ITEMS & DESCRIPTION** LIMIT QTY. **UNIT PRICE TOTAL PRICE** No. 1 | Brake Shoe 1 set X-X-X-X-X Brand Name and Model Warranty **Delivery Period** 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