

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Lower Ipil Heights, Ipil, Zamboanga Sibugay, Region IX

Name of Procuring Entity : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) : 2025-02-071 Revised on : February 05, 2025 Date: **REQUEST FOR QUOTATION** Standard Form/Title 25GJF0059 - Service Vehicle Insurance for use in the Office/End-User Maintenance Section Renewal of LTO Registration of service vehicle Mit. Strada with Plate No. GAJ-8872, this district **COMPANY NAME ADDRESS** TIN: TEL NO JFAX 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 you epresentative not later than 10:00 A.M. of February 05, 2025 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 1 day 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 nondelivery without valid reason. 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 . BAC Shampe 6. Please indicate the brand for each items being offered. 7. The approved budget ceiling for this procurement is P 2,400.00 Item **ITEMS & DESCRIPTION** QTY. UNIT **UNIT PRICE** TOTAL PRICE No. 1 | Service Vehicle Insuranc 1 umat X-X-X-X-X **Brand Name and Model** Warranty **Delivery Period** 1 day 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