

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE

Lower Ipil Heights, Ipil, Zamboanga Sibugay, Region IX

2025-02-072 : DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation (P.R. No.) Name of Procuring Entity February 19, 2025 Revised on: REQUEST FOR QUOTATION **Quality Assurance Section** 25GJF0061 - Cube Mold (50mmx50mm) for use of the Office/End-User Standard Form/Title Materials Laboratory/Technician for Testing assigned at the Quality Assurance Section, 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 your representative not later than 10:00 A.M. of February 26, 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. 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 nondelivery without valid reason. 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 11,300.00 Item UNIT PRICE TOTAL PRICE QTY. UNIT **ITEMS & DESCRIPTION** No. 2 sets 1 Cube Mold (50mmx50mm) X-X-X-X-X Brand Name and Model 7 days Price Validity : **Delivery Period** 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. Printed Name / Signature / Date Tel. No. 957-3446 Tel. No. / Celiphone No. / E-mail Address