

Republic of the Philippines

## DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS ZAMBOANGA SIBUGAY 2nd DISTRICT ENGINEERING OFFICE Lower Ipil Heights, Ipil, Zamboanga Sibugay, Region IX

The second second second	ocuring Entity	: DPWH-Zamboanga Sibugay 2nd DEO Request for Quotation						2025-07-225	
Revised on	:					Date:	July 01, 20	25	
Standard Form/Title		REQUEST FOR QUOTATION  25GJF0210 - Sanitation Supplies and Accessories for use in the Commission on Audit Office, this district		Office/End-L	lser	Finance Section			
COL	WPANY NAME	:				:			
COI	ADDRESS								
TEL	NO./FAX No.	TIN:							
representativ	e not later than	price on the item(s) liste 10:00 A.M. of <u>July 10,</u> D, Tirso Babiera, Ipil, Zaml	2025 in the return	Terms and Cond n envelope attac	ditions stated be hed herewith, to	elow and submit	vour quotation duly	signed by your rocurement Unit,	
1. All entries 2. Delivery p Administrati non-delivery 3. Price valid 4. G-EPS Regi 5. Bidders s 6. Please in	eriod within	ten or legibly written.  daysupon receipt of it lant to Sec. 69 of the Re son. oeriod of sixty (60) calend (//Mayor's Permit/DTI shall be al brochures of the produce or each items being offere g for this procurement is _	vised IRR-RA 9184 shall ar days. e attached upon submission d.	be imposed for	0).	CH A	RISTOPHER L SSISTANT DISTRICT ENG BAC Chairperso		
Item No.		ITEMS & [	DESCRIPTION		QTY.	UNIT	UNIT PRICE	TOTAL PRICE	
1	2fly Tissue pape	er			1	pack			
2	Insecticide		\		1	bottle			
3					3	bundle	la I de la companya d		
4	Carri Ciraci				2	pieces			
5					2	pack			
6	T district Contraction				1	bottle			
7	Dishwashing Liq	uid			1	piece			
8	Air Freshener				2	pieces			
9	Noodle Bowl				1	piece			
10	Clear Glass				5	pieces			
	x-x-x-x								
	XXXXX	- X							
		-							
<b>-</b>									
		X .							
A Reservation					1000				
Brand Name				Warrant					
<b>Delivery Pe</b> After hi Delivery P	aving carefully	7 days read and accepted y y and Price Validity a	our General Condition re left blank, it means	Price Va ns, I / We quo s that I concu	ote you on the	None item(s) at pr rms and Cond	ices note above. I litions specified b	f the space for DPWH.	
	Tel. No. 9	957-3446	Printed Name / Signature / Date						
							Cellphone No. / E-		