



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
REGIONAL OFFICE II

Dalan na Pavvurulun, RGC, Carig Sur, Tuguegarao City, Cagayan



Procuring Entity : DPWH – Regional Office II
Standard Form/Title : **REQUEST FOR QUOTATION**
Revised on :
COMPANY NAME :
ADDRESS :
CONTACT NUMBER :
T.I.N. :
RFQ No. : **2024-11-120**
Date : **December 02, 2024**
Office/End User Unit : **Administrative Division**

Please quote your lowest price on all the items listed, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative **not later than 10:00 A.M.** on **Dec. 6, 2024**, in a sealed envelope to the Procurement Staff, DPWH Regional Office II, Tuguegarao City, Cagayan and will be opened on the same day at **10:00 AM**.

TERMS and CONDITIONS:

1. All entries must be type written or legibly written.
2. Delivery period within 30 calendar days upon receipt of the approved funded Purchase Order. Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies and materials; One (1) year for Equipment from date of acceptance by the end user.
4. Price Validity shall be for a period of **30 calendar days**
5. Documentary Requirements shall be attached upon submission of the quotation.
6. All items shall be procured as "One Lot"
7. Liquidated Damages pursuant to Sec. 68 of the Revised IRR-RA9184 shall be imposed for non-delivery without valid reason.
8. Performance Bond: Yes ☐; No ☒
9. Incomplete quotation shall be declared non-responsive.
10. You may submit your Quotation and Requirements through casem.hilario@dpwh.gov.ph or dpwhro2@gmail.com

BERNARD T. CALABAZARON

Chief, QAH Division
BAC Chairperson

Approved Budget Ceiling: P81,415.00

Mode of Procurement: Shopping

Documentary Requirements

Mayor's Permit :	/	PhilGEPS Reg. No. or Reg. Certificate :	/
DTI/SEC :	/	Income/ Business Tax Return :	/
Tax Clearance Certificate :	/	Omnibus Sworn Statement :	

Item No.	Item Description	Brand & Model	Quantity	Unit	Unit Cost	Total Cost
1	Epson 001 Yellow		12	bottle		
2	Epson 003 Black		15	bottle		
3	Epson 003 Cyan		5	bottle		
4	Epson 003 Magenta		5	bottle		
5	Epson 003 Yellow		6	bottle		
6	Epson 774		10	bottle		
7	Epson 008 Black		50	bottle		
8	Brother Ink BTB 60 Black		20	bottle		
9	Brother Ink BTB 60 Cyan/BT5000		10	bottle		
10	Brother Ink BTB 60 Magenta/BT5000		10	bottle		
11	Brother Ink BTB 60 Yellow/BT5000		10	bottle		
	X-X-X-X-X-X					
	For stocks of DPWH-RO2					
TOTAL						

Delivery Period : _____ Price Validity : _____
Warranty : _____

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted 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 Regional Office II.

Name & Signature of Supplier : _____

Date : _____

Contact Number : _____