



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. : **2025-07-092**
Date : July 28, 2025
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 August 1, 2025**, in a sealed envelope to the Procurement Unit, DPWH Regional Office II, Tuguegarao City, Cagayan and will be opened on the same day at **10:00 AM**.

TERMS and CONDITIONS:

- All entries must be type written or legibly written.
- 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.
- 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.
- Price Validity shall be for a period of **30 calendar days**
- Documentary Requirements shall be attached upon submission of the quotation.
- All items shall be procured as "One Lot"
- Liquidated Damages pursuant to Sec. 68 of the Revised IRR-RA9184 shall be imposed for non-delivery without valid reason.
- Performance Bond: Yes ☐; No ☒
- Incomplete quotation shall be declared non-responsive.
- You may submit your Quotation and Requirements through
capelo.kristel@dpwh.gov.ph/
urbino.gabrielle_louise@dpwh.gov.ph/
casem.hilario@dpwh.gov.ph

HEIRRIDGE KEVIN N. DE LEON
Chief, ROWAL Division
BAC Chairperson

Approved Budget Ceiling: ₱549,780.00

Mode of Procurement: Shopping

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

Item No.	Item Description	Brand & Model	Quantity	Unit	Unit Cost	Total Cost
1	Epson 003 Cyan		35	pcs		
2	Epson 003 Magenta		35	pcs		
3	Epson 003 Black		20	pcs		
4	Epson 003 Yellow		35	pcs		
5	Epson 008 Cyan		77	pcs		
6	Epson 008 Magenta		77	pcs		
7	Epson 008 Yellow		77	pcs		
8	Epson 008 Black		117	pcs		
9	Brother D60 Black		66	pcs		
10	Brother 5000 Cyan		61	pcs		
11	Brother 5000 Magenta		203	pcs		
12	Brother 5000 Yellow		73	pcs		
13	Flashdrive, 32gb		65	pcs		
	X-X-X-X-X-X-X					
	For use in DPWH Regional Office II					
	Supplier must attach Certificate of Genuine Supplies of Printers and Consumables from Epson & Brother					
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: _____