Republic of the Philippines
DEPARTMENT OF EDUCATION
Region XI
CITY SCHOOLS DIVISION OF DIGOS CITY
Digos City

REQUEST FOR QUOTATION

20-08-032
RFQ No.
10-Aug-20
Date

Company Name : _____
Address : _____
Contact No. : _____
TIN No. : _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

MELANIE P. ESTACIO, Ph.D
BAC CHAIRMAN

NOTE:

1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF P.O.
3. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
4. PAYMENT TERM: WITHIN 30 DAYS
5. BIDDERS MUST SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING

REQUIRED DOCUMENTS TOGETHER WITH THE RFQ:

a) Mayor's/Business Permit
b) PhilGEPS Registration
c) Income/Business Tax Return
d) Omnibus Sworn Statement (ORIGINAL)

NOTE: For CY 2020, bidders shall submit these documents to DepEd Digos City Division only ONCE.

6. **Approved Budget: Php 144,840.00**

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL)

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
1	Epson L120/L220/L565/L360 ink (T664 cyan)	bot	45		
2	Epson L120/L220/L565/L360 ink (T664 magenta)	bot	45		
3	Epson L120/L220/L565/L360 ink (T664 yellow)	bot	45		
4	Epson L120/L220/L565/L360 ink (T664 black)	bot	45		
5	Brother 300 ink(BT5000C)	cart	3		
6	Brother 300 ink(BT5000Y)	cart	3		
7	Brother 300 ink (BT500M)	cart	3		
8	Brother 300 ink (BT6000BK)	cart	3		
9	Epson L3110 ink(003 BK)	bot	8		
10	Epson L3110 ink(003 C)	bot	8		
11	Epson L3110 ink(003 M)	bot	8		
12	Epson L3110 ink(003 Y)	bot	8		
13	Ink universal Black	bot	20		
14	Ink universal Cyan	bot	20		
15	Ink universal Magenta	bot	20		
16	Ink universal Yellow	bot	20		
17	HP Laser Jet (256A)	pc	2		
18	Book Paper A4	ream	227		
	SUBJECT TO WITHHOLDING TAX				

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

Canvassed by:

_____
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____