

### Republic of the Philippines DEPARTMENT OF EDUCATION

Region XI

### CITY SCHOOLS DIVISION OF DIGOS CITY

Digos City

## REQUEST FOR QUOTATION



20-09-055
RFQ No.
16-Sep-20
Date

Company Name	i
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.

#### 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 65,400.00

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE TOTAL PRICE
1	Personal Protective Equipment Gown (Isolation gown/	рс	32	
	disposable gown)			
2	Surgical Gloves (M/ disposable powder free latex)	box	20	
3	Alcohol Isopropyl 70% 1L	bots	20	
4	Disinfectant (cleaning agent for Dental instrument) aldehyde	liter	4	
	and phenol free 1L			
5	Face Mask (surgical/disposable) earloop	box	20	
6	Mouth Mirror disposable #5(100s)	pack	10	
7	Face Shields (anti fog) full length	pcs	30	
8	Sphymomanometer digital with power cord (BP Apparatus)	pcs	3	
	digital			
9	Dish Sterilizer Cabinet (2 doors / 23 cu.ft.)	рс	1	
10	Dental Bibs 2 ply colored disposable 13" x 18"	packs	10	
				1
	SUBJECT TO WITHHOLDING TAX	İ	Ï	
A.C. 1 .	ng carefully read and accented your General Conditions I/We quote you on the		-	•

After having carefully read and accepted your General Conditions, I/We quote item/s at prices noted above.	you on the
nem's at prices noted above.	
Canvassed by:	
	Company Name
	Telephone/Cellphone Number
Date	
	Printed Name/Signature of Authorized Representative
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