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

REQUEST FOR QUOTATION

20-08-038A
RFQ No.
26-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 737,920.00

(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	100		
2	Epson L120/L220/L565/L360 ink (T664 magenta)	bot	100		
3	Epson L120/L220/L565/L360 ink (T664 yellow)	bot	100		
4	Epson L120/L220/L565/L360 ink (T664 black)	bot	100		
5	Brother 300 ink(BT5000C)	cart	15		
6	Brother 300 ink(BT5000Y)	cart	15		
7	Brother 300 ink (BT500M)	cart	15		
8	Brother 300 ink (BT6000BK)	cart	15		
9	Epson L3110 ink(003 BK)	bot	50		
10	Epson L3110 ink(003 C)	bot	50		
11	Epson L3110 ink(003 M)	bot	50		
12	Epson L3110 ink(003 Y)	bot	50		
13	Ink universal Black	bot	40		
14	Ink universal Cyan	bot	40		
15	Ink universal Magenta	bot	40		
16	Ink universal Yellow	bot	40		
17	HP Laser Jet (256A) toner	pc	6		
18	Book Paper A4	ream	2001		
	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: _____