

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



REQUEST	FOR	OUOTA	TION
REQUEST	run	VUUIA	

20-08-038B
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.

M Das 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 1,505,440.00

	(FAILURE TO DO SO WILL MEAN DISQUALIFICATION	N OF YOUR BID	PROPOSA	L)	
ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	FOTAL PRICE
1	Duplo Film (DP Master Roll B4 DRA12)		4		
2	· · · · · · · · · · · · · · · · · · ·		12		
3			4		
4			31		
	DP Master Roll DRC12 20,000-25,000 copies per cut (200	cart roll	31		
5	cuts)				
6	DP Black Ink 514 (600mL)	cart	31		
	DP Master roll DR675 20,000-25,000 copies per cut (200	roll	31		
7	cuts)				
8	DP Black Ink 514K (600mL)	cart	31		
	DP Master Roll DRC42 20,000-25,000 copies per cut (200	roll	31		
9	cuts)				
10	DP Black Ink 514K (600mL)	cart	31		
	DP Master Roll DRC42 20,000-25,000 copies per cut (200	roll	31		
11	cuts)				
12	DP Black ink DA 14 (600mL)	cart	76		
	DP Master Roll ORA-12 20,000-25,000 copies per cut (200	roll	76		
13	cuts)				
				-	
				_	
	1			1	
	1				
	1			1	
	1				
	SUBJECT TO WITHHOLDING TAX	1			

After having carefully read and accepted your General Conditions, I/We quote you on the

item/s at prices noted above.

Canvassed by:

Company Name

Telephone/Cellphone Number

Date

Printed Name/Signature of Authorized Representative

Date: