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

REQUEST FOR QUOTATION

20-12-115A	
RFQ No.	
12-Dec-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.

BASILIO P. MANA-AY, JR., EdD
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 2,758,700.00

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	**Procurement of Master Roll and Toner/Ink**				
	DP Black Ink 514 (600mL)	cart	147		
	DP Black Ink 514K (600mL)	cart	72		
	DP Black Ink DC14 (600mL)	cart	153		
	DP Black Ink 514K (600mL)	cart	146		
	DP Black ink DA 14 (600mL)	cart	321		
	DP Master roll DR675 20,000-25,000 copies per cut (200 cuts)	roll	49		
	DP Master Roll DRC12 20,000-25,000 copies per cut (200 cuts)	roll	51		
	DP Master Roll DRA-12 20,000-25,000 copies per cut (200 cuts)	roll	107		
	DP Master Roll DRC42 20,000-25,000 copies per cut (200 cuts)	roll	24		
	DP Master Roll DRC42 20,000-25,000 copies per cut (200 cuts)	roll	47		
	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:

_____
12/11/2020
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____