



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
 Region XI  
**SCHOOLS DIVISION OF DIGOS CITY**  
 Digos City  
**REQUEST FOR QUOTATION**



Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 TIN No. \_\_\_\_\_

RFQ No. **23-08-088A**  
 Date: **September 1, 2023**  
 Date and Time of Opening: **September 6, 2023, 9:30 AM**

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.

**BEVERLY DAUGDAUG, EdD**  
 BAC CHAIRMAN

**NOTE:**

1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.
3. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
4. PAYMENT TERM: WITHIN 30 DAYS
5. INDICATE PRICES PER ITEM AND TOTAL AMOUNT
6. BIDDERS MUST SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING

**REQUIRED DOCUMENTS TOGETHER WITH THE RFO:**

- a) Mayor's/Business Permit
- b) PhilGEPS Registration
- c) Income/Business Tax Return
- d) Omnibus Sworn Statement (ORIGINAL)
- e) Bank Account Number (Photocopy of any Proof of Bank Account)

**NOTE:** For CY 2023, bidders shall submit these documents to DepEd Digos City Division only ONCE.

7. Approved Budget: **P 13,857.50**

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	Secondary rack w/ spool, 2P	set	4		
	14mm2 THW wire	meter	40		
	8.0mm2 THW wire	meter	24		
	Expansion bolt 3/8"	pc	4		
	Solderless connector for 38mm2	pc	2		
	Solderless connector for 14mm2	pc	4		
	Solderless connector for 8mm2	pc	2		
	GI pipe 2" dia.	pc	1		
	Portland cement	pc	1		
	Washed sand	cu.m.	0.75		
	Deformed bars, 10mm ø	length	1		
	Electrical tape	roll	2		
<b><u>SUBJECT TO WITHHOLDING TAX</u></b>					

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

Canvassed by:

**DOMINADOR ESPACIO / DIANA GRACE V. AMIGO**

Date

Company Name

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date: \_\_\_\_\_