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. **24-07-078B**
Date: **July 8, 2024**
Date and Time of Opening: **July 15, 2024, 10:30 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.

MARIA GENEVIEVE T. FRANCISQUETE
BAC CHAIRMAN

NOTE:
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.
3. PLACE OF DELIVERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY
4. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
5. PAYMENT TERM: WITHIN 30 DAYS
6. INDICATE PRICES PER ITEM AND TOTAL AMOUNT
7. BIDDERS MUST HAVE A PHYSICAL STORE WITH READILY AVAILABLE SUPPLIES IN CASE IN NEED OF POST-QUALIFICATION EVALUATION
8. 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)
e) Bank Account Number (Photocopy of any Proof of Bank Account)

NOTE: *For CY 2024, bidders shall submit these documents to DepEd Digos City Division only* ***ONCE***.

9. APPROVED BUDGET: **P 30,000.00**

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
	Procurement and Delivery of:				
Lot 2	**Supplies and Materials for the 2024 Regional Brigada Eskwela Kick Off**				
	Latex paint, semi-gloss, white	gallon	25		
	Paint roller, 4-inch wide	piece	25		
	Paint roller, 2-inch wide	piece	25		
	Latex color, assorted (raw sienna, thalo green)	can	25		
	Working gloves	piece	25		
	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:

7/9/24
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____