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. **24-08-097C**
Date: **September 6, 2024**
Date and Time of Opening: **September 11, 2024, 9:30AM**

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
For and in the absence of the BAC Chairperson:

CLARENCE S. PILLERIN
BAC VICE-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 13,000.00**

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 3	***Procurement and Delivery of:***				
	DRRM Training T-shirt, with colar, cotton pique material, with digitally-embroidere	**piece**	**26**		
	front and back DepEd MATATAG logo and DRRMS logo, with sizes from XS to XXXL				
	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:

9-6-24
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____