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. **24-10-105-A**
Date: **October 30, 2024**
Date and Time of Opening: **November 4, 2024, 2:30PM**

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 FOR THE 2ND HALF OF CY 2024.
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) 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 16,800.00**

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	***Procurement and Delivery of: (Recanvass)***				
	Potable Drinking Water, Filtered and Purified	gallon	480		
	In blue transparent plastic and heat-sealed five-gallon containers				
	Winning supplier must submit water bacteriological test from Davao del Sur				
	Water Laboratory				
	Collection and replenishment of empty water containers must be done every				
	Wednesday				
	Inclusion of free use of 5-units electric hot and cold water dispenser				
				GRAND TOTAL:	
	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:

Signature over Printed Name

10/30/24
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____