



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. **24-10-119**

Date: **October 28, 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.

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) 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 5,000.00**

(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 Services and Delivery of:	lot	1		
	Repair and Installation of Parts and Accessories for DepEd Van: Toyota Hi-Ace / Commuter, Model 2020				
	Toyota Genuine Motor Oil (Synthetic 5W -40 / 4L)				
	With 1 piece Air Cleaner and Fuel Filter				
				GRAND TOTAL:	
SUBJECT TO WITHHOLDING TAX					

MARIA GENELIVEST FRANCISQUETE
 BAC CHAIRMAN

Canvassed by:
JOEL ESTOMIDO
 Signature over Printed Name
10-30-24
 Date

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

 Company Name

 Telephone/Cellphone Number

 Printed Name/Signature of Authorized Representative

Date: _____