



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-A**  
 Date: **November 11, 2024**  
 Date and Time of Opening: **November 15, 2024, 1:30 PM**

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)

**MARIA GENEVIEVE T. FRANCISQUETE**  
 BAC CHAIRMAN

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

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

Canvassed by: JOEL ESTOMO  
 Signature over Printed Name  
 11-13-24  
 Date

\_\_\_\_\_  
 Company Name  
 \_\_\_\_\_  
 Telephone/Cellphone Number  
 \_\_\_\_\_  
 Printed Name/Signature of Authorized Representative  
 Date: \_\_\_\_\_