

Republic of the Philippines

DEPARTMENT OF EDUCATION

Region XI SCHOOLS DIVISION OF DIGOS CITY Digos City



REQUEST FOR QUOTATION

Company Name			RFQ No. 24-11-129B-A			
Address			Date: November 21, 2024 Date and Time of Opening: November 25, 2024, 1:30PM			
Contact No.		Date and I in	ne of Opening:	November 25	, 2024, 1:30PM	
TIN No.						
	r lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time quotation duly signed by your representative.	2				
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 For and in the absence of the BAC Chairperson: CLARENCE S. FILLERIN BAC VICE-CHAIRMAN			
9. APPROVED BUDGET: <u>P 3,930.00</u>						
(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL)						
ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE	
Lot 2	Procurement and Delivery of: (Recanvass)	-				
	Training Materials for the Division Musabaqah Skills Exhibition	-				
	Training materials for the Division musabagan Skills Exhibition	1				
	Medals, Big					
	Gold	piece	10			
	Silver	piece	10			
	Bronze	piece	10			
	BIGHE	picco				
	Tarpaulin, 8ft. x 10ft.	piece	1			
					1	
	1 6					
			GR	AND TOTAL:		
	SUBJECT TO WITHHOLDING TAX					
Canvassed by		After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above. Company Name				
Signature over Frince I value						
Telephone/Cellphone Number				per		
		Printed 1	Name/Signature	e of Authorized	Representative	

Date: _