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**
Address		Date:	**November 14, 2024**
Contact No.		Date and Time of Opening:	**November 19, 2024, 1:30PM**
TIN No.			

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 3,930.00**

MARIA GENEVIEVE T. FRANCISQUETE
BAC CHAIRMAN
For and in the absence of the BAC Chairperson:

CLARENCE S. PILLERIN
BAC VICE-CHAIRMAN

(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:***				
	Training Materials for the Division Musabaqah Skills Exhibition				
	Medals, Big				
	Gold	**piece**	**10**		
	Silver	**piece**	**10**		
	Bronze	**piece**	**10**		
	Tarpaulin, 8ft. x 10ft.	**piece**	**1**		
				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:

TROMAO
Signature over Printed Name

11/15/24
Date

Company Name

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date: _____