



Republic of the Philippines
 DEPARTMENT OF EDUCATION
 Region XI
 SCHOOLS DIVISION OF DIGOS CITY
 Digos City



REQUEST FOR QUOTATION

Company Name _____	RFQ No. 24-11-138B
Address _____	Date: December 10, 2024
Contact No. _____	Date and Time of Opening: December 18, 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:

- ALL ENTRIES MUST BE LEGIBLY WRITTEN.
- DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.
- PLACE OF DELIVERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY
- PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
- PAYMENT TERM: WITHIN 30 DAYS
- INDICATE PRICES PER ITEM AND TOTAL AMOUNT
- BIDDERS MUST HAVE A PHYSICAL STORE WITH READILY AVAILABLE SUPPLIES IN CASE IN NEED OF POST-QUALIFICATION EVALUATION
- BIDDERS MUST SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING
REQUIRED DOCUMENTS TOGETHER WITH THE RFQ:
 - Mayor's/Business Permit
 - PhilGEPS Registration
 - 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. PILLERIN
BAC VICE-CHAIRMAN

NOTE: For CY 2024, bidders shall submit these documents to DepEd Digos City Division only **ONCE**.

9. APPROVED BUDGET: **P 11,750.00**

(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:				
	Seedling Trays for the Strenghtening the Implementation of the Gulayan sa Paaralan Program Upskilling cum Introduction to Mushroom Production and Bio-intensive Gardening to all Schools Administrators and Project Development Officers				
	Seedling tray,	set	47		
	110-128 holes				
	10 pieces per set				
GRAND TOTAL:					
<u>SUBJECT TO WITHHOLDING TAX</u>					

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

Date

Company Name

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date: _____