

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

REQUEST FOR QUOTATION

Company Name	RFQ No. 2	24-12-160
Address	Date: 1	December 12, 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:		
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.	MARIA GENEVIEVE T. FRA	ANCISQUETE
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.	BAC CHAIRMAN	V
3. PLACE OF DELIVERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY	For and in the absence of the B	AC Chairperson:
4. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.	Ĺ	
5. PAYMENT TERM: WITHIN 30 DAYS	H	

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)

IN NEED CLARENCE S. PILLERIN BAC VICE-CHAIRMAN

<u>NOTE:</u> For CY 2024, bidders shall submit these documents to DepEd Digos City Division only **ONCE**. APPROVED BUDGET: **P9,450.00**

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL)						
ITEM & DESCRIPTION	UNIT	OTV	II			

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	Procurement and Delivery of:				
	Services for the Cleaning of Air Conditioning Units of Schools Division	unit	27		
	Office of Digos City for CY 2024				
	Split type and floor mounted unit (5)				
	Window type unit (21)				
	Floor mounted unit (1)				
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		1			
	•	•	GF	AND TOTAL:	
	SUBJECT TO WITHHOLDING TAX				
		A ften herring	omofully no - 4	and accordant	r General Conditions

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:

Canvassed by:

Signature over Printed Name

Date

Drinted Manuel (C)