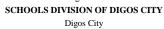


## Republic of the Philippines DEPARTMENT OF EDUCATION Region XI





## REQUEST FOR QUOTATION

Company Name	RFQ No. 24-12-161B			
Address	Date: December 13, 2024			
Contact No.	Date and Time of Opening: December 17, 2024, 9:30AM			
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. FRANCISQUETE			
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.	BAC CHATRMAN			
3. PLACE OF DELIVERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY	For and in the absence of the BAC Chairperson:			
4. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.	$\bigcirc$			
5. PAYMENT TERM: WITHIN 30 DAYS				
6. INDICATE PRICES PER ITEM AND TOTAL AMOUNT	CLARENCE S. PILLERIN			
7. BIDDERS MUST HAVE A PHYSICAL STORE WITH READILY AVAILABLE SUPPLIES IN CASE IN NEED	BAC VICE-CHAIRMAN			
OF POST-QUALIFICATION EVALUATION	V			
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)				
<u>NOTE:</u> For CY 2024, bidders shall submit these documents to DepEd Digos City Division only <b>ONCE</b> .				
9. APPROVED BUDGET: <u>P 49,950.00</u>				
(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YO	OLID DID DDODOGAL \			
(FAILURE 10 DO SO WILL MEAN DISQUALIFICATION OF 10	OUR DID I ROI USAL)			

ITEM NO. ITEM & DESCRIPTION UNIT PRICE TOTAL PRICE

Lot 2 Procurement and Delivery of:

Equipment for the Payroll Services Unit

Desktop Computer, non-clone unit 1

with minimum specifications:
Processor: Core is 7-12th Gen or higher

RAM: 16G8 (8GB x2) DDR4 or DDR5
Storage memory: 512 M.2 SSD
Monitor: 24-inch flat screen

Monitor: 24-inch flat screen

SUBJECT TO WITHHOLDING TAX

Canvassed by:

Canvassed by:

Company Name

Signature over Printed Name

Date

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date:		

After having carefully read and accepted your General Conditions,