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

REQUEST FOR QUOTATION

Company Name		RFQ No.	**24-12-163C**
Address		Date:	**December 19, 2024**
Contact No.		Date and Time of Opening:	**December 23, 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.
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 43,600.00**

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 3	***Procurement and Delivery of:***				
	Audio Equipment for the Special Needs Education				
	Speaker, with minimum specifications:	**set**	**4**		
	With two (2) wireless microphones,				
	Big trolley,				
	Bluetooth speaker,				
	24 inches,				
	Portable				
				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:

Signature over Printed Name

12-19-24
Date

Company Name

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date: