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

REQUEST FOR QUOTATION

Company Name		RFQ No.	**25-01-009A**
Address		Date:	**January 22, 2025**
Contact No.		Date and Time of Opening:	**Janaury 27, 2025, 1:30 PM**
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.

MARIA GENEVIEVE T. FRANCISQUETE
BAC CHAIRMAN

NOTE:
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE ON **FEBRUARY 02, 2025.**
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 20,000.00**

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL)

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
Lot 1	***Procurement and Delivery of:***				
	Catering Services for the Conduct of National Alternative Learning System	**50**	**head**		
	A&E Test on February 02, 2025				
	Meal specifications:				
	AM Snacks: Suman and hot chocolate				
	Lunch: Rice, buttered chicken, beef steak, sotanghon guisado, and fruit juice				
	PM Snacks: Bihon guisado with bread and juice				
	Buffet arrangement				
	To be delivered at the Digos City National High School				
				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:
JOEL ESTOMO
Signature over Printed Name
1-23-25
Date

Company Name

Telephone/Cellphone Number

Printed Name/Signature of Authorized Representative

Date: