

## Republic of the Philippines DEPARTMENT OF EDUCATION Region XI

## Region XI SCHOOLS DIVISION OF DIGOS CITY Digos City



## REQUEST FOR QUOTATION

	-				
Company Name	RFQ No. 25-02-016A				2025
Address Contact No.		Date: February 19, 2025 Date and Time of Opening: February 24, 2025, 1:30 PM			
TIN No.					
Places queta vou	r lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time				
And the second s	quotation duly signed by your representative.		$\wedge$		
NOTE:			( )	/	_
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN. 2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.		MARIA GENE	C CHAIRPER	ANCISQUETI ON	C .
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		1			
		. ()			
6. INDICATE PRICES PER ITEM AND TOTAL AMOUNT			`		
I	E A PHYSICAL STORE WITH READILY AVAILABLE SUPPLIES IN CASE IN NEED ATION EVALUATION				
8. BIDDERS MUST SUBM	MIT CERTIFIED PHOTOCOPY OF THE FOLLOWING				
REQUIRED D	OCUMENTS TOGETHER WITH THE RFO: a) Mayor's/Business Permit				
	b) PhilGEPS Registration				
	c) Tax Clearance d) Bank Account Number (Photocopy of any Proof of Bank Account)				
_	u) Bank Account Number (Fnotocopy of any Front of Bank Account)				
	2025, bidders shall submit these documents to DepEd Digos City Division only ONCE.				
9. APPROVED BUDGET:					
THE LAND	(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOU	7	1	VAUE BRICE	TOTAL PRICE
Lot 1	ITEM & DESCRIPTION  Procurement and Delivery of:	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	PISA Equipment				
	Scientific Calculator, with minimum specifications:	45	unit		
	2-way power, non programmable, comes with new slide-on hard case, prime				
	factorization, random integers, fraction calculations, dimension: 161.5x77x11.1mm				
	differision. 161.3X//X11.1filff				
		-			
		-			
		1			
		+			
	,,				
		NEW 2018	GR	AND TOTAL:	
	SUBJECT TO WITHHOLDING TAX				_
Canvassed by:		After having	I/We quote ye	ou on the item/s	r General Conditions, at prices noted above.
Signature over Printed Nam	Te e			mpany Name	
Date Date			1 elephone	Cellphone Num	ber

Printed Name/Signature of Authorized Representative