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

REQUEST FOR QUOTATION

20-10-074D
RFQ No.
6-Nov-20
Date

Company Name : _____
Address : _____
Contact No. : _____
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.

BASILIO P. MANA-AY, JR., EdD
BAC CHAIRMAN

NOTE:

1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF P.O.
3. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
4. PAYMENT TERM: WITHIN 30 DAYS
5. BIDDERS MUST SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING

REQUIRED DOCUMENTS TOGETHER WITH THE RFQ:

a) Mayor's/Business Permit
b) PhilGEPS Registration
c) Income/Business Tax Return
d) Omnibus Sworn Statement (ORIGINAL)

NOTE: For CY 2020, bidders shall submit these documents to DepEd Digos City Division only ONCE.

6. **Approved Budget: Php 96,832.00**

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
1	G.I sheet no. 12 Length	pcs	3		
2	Tinting Color (Thalo Green)	cans	25		
3	Tinting Color (Yellow)	cans	30		
4	Sand Paper (Leja) no. 120	pcs	10		
5	Flat Bar no. 1x30	length	6		
6	Cutting Disk	pcs	2		
7	Plywood 4x8	pcs	32		
8	Square Bar no. 12	pcs	12		
9	Welding Rod (White)	box	1		
10	Latex Paint	gal	5		
11	Enamel Paint	gal	6		
12	Paint Roller (Big)	pcs	4		
13	Paint Brush no. 2	pcs	4		
14	Skim Coat	sack	1		
15	Cement	bags	35		
16	Nails no. 3	kilo	1		
17	Nails no. 2 1/2	kilo	2		
18	Nails no. 1	kilo	2		
19	Umbrella nail no. 2 1/2	kilo	1		
20	Vulcasel	pack	1		
21	Thinner	gal	1		
22	Calsomine	kilo	6		
23	Tiles 40x40	pcs	174		
	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:

_____
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____