

Republic of the Philippines

DEPARTMENT OF EDUCATION

Region XI

SCHOOLS DIVISION OF DIGOS CITY

Digos City

REQUEST FOR QUOTATION



	REQUEST FOR QUOTATION				
Company Name		RFQ No. 23-06-070 Date: July 7, 2023 Date and Time of Opening: July 12, 2023, 9:30 AM			
Address					
Contact No. TIN No.		Date and Tin	ne of Opening	. July 12, 2025	, 7.30 AM
		- tr:	4		
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.		BEVERLY S. DAUGDAUG, EdD BAC CHAIRMAN			
2. COMPLETE DEI 3. PRICE VALIDIT 4. PAYMENT TER	IUST BE LEGIBLY WRITTEN. LIVERY OF ITEMS MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER. Y MUST BE WITHIN THIRTY (30) DAYS. M: WITHIN 30 DAYS				
5. INDICATE PRIC	ES PER ITEM AND TOTAL AMOUNT				
	SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING				
REQUIE	RED DOCUMENTS TOGETHER WITH THE RFQ: a) Mayor's/Business Permit				
	b) PhilGEPS Registration c) Income/Business Tax Return				
	d) Omnibus Sworn Statement (ORIGINAL)				
	e) Bank Account Number (Photocopy of any Proof of Bank Account)				
NOTE:	For CY 2023, bidders shall submit these documents to DepEd Digos City Division only ONCE.				
7. Approved Budge	et: P 7,500.00				
	(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOU	R BID PROPOS	SAL)		
ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
1	Saliva Ejector (100/pack)	packs	6		
	Dental Anesthesia	boxes	3	1	
	Bonding Agent	bottle	3	-	
	Celluloid Strips	packs	3		
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			1		
	SUBJECT TO WITHHOLDING TAX				A CONTRACTOR OF THE PARTY OF TH
Canvassed by:		After having car	refully read an We quote you	d accepted your (on the item/s at	General Conditions prices noted above
	ACIO / DIANA GRACE V. AMIGO		Cor	mpany Name	
	pate	<u> 2</u>	Telephone	/Cellphone Numb	per
		Drinted 2	Name/Signatu	re of Authorized	Representative
		Fillited	varie orginatu	of I tutilotized	presentative