



## Republic of the Philippines

## DEPARTMENT OF EDUCATION

Region XI

# SCHOOLS DIVISION OF DIGOS CITY

Digos City

# REQUEST FOR QUOTATION



Company Name Address	RFQ No. 23-10-109A Date: October 10, 2023		
TIN No.	Date and Time of Opening: October 18, 2023, 9:30 AM		
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 DAUGDAUG, EdD		
NOTE:	BAC CHAIRMAN		

- 1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
  2. DELIVERY PERIOD MUST BE ON NOVEMBER 23, 2023.
- 3. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
- 4. PAYMENT TERM: WITHIN 30 DAYS
- 5. INDICATE PRICES PER ITEM AND TOTAL AMOUNT
- 6. 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)
- 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 Budget: P 40,800.00

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
1	Meals and Snacks for the Division Musabaqah Skills Exhibition	head	102		
	on November 23, 2023				
	1 meal and 2 snacks (halal)				
	Meal (lunch) - 3 viands (non-pork, preferably chicken or fish - Fried chicken, lumpia				
	chicken, bam-l chicken, chopsuey) salad and fruit juice				
	Snacks				
	AM - Chicken empanada and fruit juice				
	PM - Chicken sandwich and fruit juice				
				+	
	Inclusive of the following:				
	Overflowing water/coffee				
			ļ	-	
				1	
				1	
				-	
	SUBJECT TO WITHHOLDING TAX				

	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:		
DOMINADOR ESPACIO / DIANA GRACE V. AMIGO / JOEL E. ESTOMO / RAE S. TAGULAO		Company Name
Date		Telephone/Cellphone Number
		Printed Name/Signature of Authorized Representative
		Date: