

Republic of the Philippines DEPARTMENT OF EDUCATION

Region XI SCHOOLS DIVISION OF DIGOS CITY

Digos City





Printed Name/Signature of Authorized Representative

Date:

Company Name				23-11-125	
Address Contact No.		_ Data and Tin		November 10	, 2023 , 2023, 9:30 AM
TIN No.		_ Date and Th	ne of Opening.	November 13	, 2023, 9:30 AIVI
Dlagge guet	a usua laurat ada an the item/s listed balais, subject to the Council Co. Jilian	1	du		
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.		BEVERL		AUG, EdD	
NOTE:		В	AC CHAIRM	AN	
	UST BE LEGIBLY WRITTEN.				
2. DELIVERY PERIO	DD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.				
	MUST BE WITHIN THIRTY (30) DAYS.				
	I: WITHIN 30 DAYS S PER ITEM AND TOTAL AMOUNT				
	SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING				
	D DOCUMENTS TOGETHER WITH THE RFQ:				
<u> </u>	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: Fo	or CY 2023, bidders shall submit these documents to DepEd Digos City Division only ONCE.				
7. Approved Budget:					
		ID DID DDAD	2011		
ITEM NO.	(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOU ITEM & DESCRIPTION	_		UNIT PRICE	TOTAL PRICE
Lot 1	Procurement of Supplies for the Effective and Efficient Implementation of	UNIT	QTY.	UNII PRICE	TOTAL PRICE
LOUI	the Alternative Learning System Programs/Projects	1			
	the Alternative Learning System Programs/Projects				
	Clearbook	piece	400		
	Printer, Wi-Fi All-in-One Ink Tank	unit	6		
	Canon ink G1-71, Black	bottle	20		
	Canon ink G1-71, Yellow	bottle	5		
	Canon ink G1-71, Cyan	bottle	5		
	Canon ink G1-71, Magenta	bottle	5		
	Sign pen, black	piece	50		
	Sign pen, blue	piece	50		
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		1			
		1			
				 	
	SUBJECT TO WITHHOLDING TAX				
Canvassed by:		After having			r General Conditions, at prices noted above.
RACSTAGULAO		Company Name			
Date		Telephone/Cellphone Number			