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

REQUEST FOR QUOTATION

Company Name _____
Address _____
Contact No. _____
TIN No. _____

RFQ No. **23-12-141**
Date: **December 12, 2023**
Date and Time of Opening: **December 15, 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 S. DAUGDAUG, EdD
BAC CHAIRMAN

NOTE:
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE ON **DECEMBER 19, 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 48,500.00

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	**Lease of Real Property and Venue, Meals and Snacks for the 9th Managemer**	head	97		
	Committee (MANCOM Meeting) for CY 2023 on December 19, 2023				
	AM Snacks: Chicken bam-I with slices of tasty bread and buko juice				
	PM Snacks: Cheese pimiento sandwich and fresh juice				
	Lunch: Clear soup, steamed rice, fish, beef steak, vegetable stew, chicken cordon				
	bleu, fresh fruits, and softdrinks				
	Inclusions: Hot/cold water, coffee, hand soap and alcohol, tarpaulin (backdrop)				
	Buffet arrangement				
	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:

12-12-23
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____