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. **24-02-023**
Date: **February 29, 2024**
Date and Time of Opening: **March 6, 2024, 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.

MARIA GENEVIEVE T. FRANCISQUITE
BAC CHAIRMAN

NOTE:
1. ALL ENTRIES MUST BE LEGIBLY WRITTEN.
2. DELIVERY PERIOD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.
3. PLACE OF DELIVERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY
4. PRICE VALIDITY MUST BE WITHIN THIRTY (30) DAYS.
5. PAYMENT TERM: WITHIN 30 DAYS
6. INDICATE PRICES PER ITEM AND TOTAL AMOUNT
7. 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 2024, bidders shall submit these documents to DepEd Digos City Division only* ***ONCE***.

8. Approved Budget: P 7,414.00

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

ITEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	***Supply and Delivery of:***				
	G.I. Steel matting, 4.5mm	**length**	**2**		
	Angle bar, 3.5mm x 1.5inches x 1.5inches	**length**	**4**		
	Deformed bar, 10mmØ	**length**	**4**		
	Welding rod, 6011 special	**kilogram**	**1**		
	Epoxy primer, gray	**gallon**	**1**		
	Paint roller, #7	**gallon**	**1**		
	Lacquer thinner	**piece**	**1**		
	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:
Reni R. Canales
3-01-24
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____