

### Republic of the Philippines DEPARTMENT OF EDUCATION

Region XI

# SCHOOLS DIVISION OF DIGOS CITY

Digos City



# REQUEST FOR QUOTATION

Company Name	RFO No. 24-04-042A-B
Address	Date: May 3, 2024
Contact No.	Date and Time of Opening: May 8, 2024, 9:30 AM
TIN No.	
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. TRANCISQUETE BAC CHARMAN A.

#### 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 19,205.00

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

TEM NO.	ITEM & DESCRIPTION	UNIT	QTY.	UNIT PRICE	TOTAL PRIC
Lot 1	Procurement and Delivery of:				
	ALCOHOL, Ethyl, 70% Solution, Gallon	gallon	6		=
	FACE MASK	box	15		
	TISSUE, INTERFOLDED PAPER TOWEL	pack	62		
	TOILET TISSUE PAPER, 2 ply	pack	15		
	HAND SANITIZER	piece	10		
	INSECTICIDE, 600mL	bottle	3		
	DISINFECTANT SPRAY	can	5		
	Hand Soap, Liquid	bottle	13		
	Trashbag, XL size	pack	3		
	TAPE, electrical	roll	5		
	TAPE, packaging, 48 mm	roll	15		
	CUTTER/UTILITY KNIFE, for general purpose	piece	15		
	DUST PAN (Metal)	piece	1		
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	SUBJECT TO WITHHOLDING TAX				

After having	carefully read	and accepted	your Genera	al Conditions
	I/We quote y	you on the ite	em/s at prices	noted above

Anvassed by:	Company Name
25/03/34/ Date	Telephone/Cellphone Number
	 Printed Name/Signature of Authorized Pennecentative

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