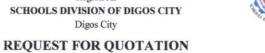


Republic of the Philippines DEPARTMENT OF EDUCATION

Region XI





Printed Name/Signature of Authorized Representative

Date:

Company Name			PEO No	24-05-048	
Address		_	11. 11. 11.	May 22, 2024	
Contact No.		Date and Tin		May 23, 2024	
TIN No.		_ Date and 111	ne or opening	May 25, 202	V, 7.50 AIVI
1114 140.				1	
	e your lowest price on the item/s listed below, subject to the General Conditions, the of delivery and submit your quotation duly signed by your representative.	MARIA GENE	CVIEVE T. FI		E
NOTE:		D.	AC CHAIRWI	AIN I	
	JST BE LEGIBLY WRITTEN.	•		()	
2. DELIVERY PERIO	DD MUST BE WITHIN 10 DAYS UPON RECEIPT OF PURCHASE ORDER.			O	
3. PLACE OF DELIV	ERY: DEPED-SCHOOLS DIVISION OF DIGOS CITY				
4. PRICE VALIDITY	MUST BE WITHIN THIRTY (30) DAYS.				
PAYMENT TERM					
	S PER ITEM AND TOTAL AMOUNT				
	SUBMIT CERTIFIED PHOTOCOPY OF THE FOLLOWING				
REQUIRE	D 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: Fo	r CY 2024, bidders shall submit these documents to DepEd Digos City Division only ONCE.				
8. Approved Budget:	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
ITEM NO.	(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YO ITEM & DESCRIPTION			Transport	
		UNIT	QTY.	UNIT PRICE	TOTAL PRICE
Lot 1	Procurement and Delivery of:				
	Pand names local size		22		
	Bond paper, legal size Printer, print only with continuous ink sytstem	ream	23		
	Printer, print only with continuous link sytstem	unit	4		
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		-			
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		_			
		_			
	SUBJECT TO WITHHOLDING TAX				
			7		
Canvassed by:		After having c			r General Conditions, at prices noted above.
1-22-21	4		Cor	npany Name	
Date			Telephone	Cellphone Num	her