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. **24-05-056B**
Date: **May 30, 2024**
Date and Time of Opening: **June 3, 2024, 10:00 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. FRANCISQUETE**
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 24,340.00**

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

| ITEM NO. | ITEM & DESCRIPTION | UNIT | QTY. | UNIT PRICE | TOTAL PRICE |
|---|---|---|---|---|---|
| | ***Procurement of Delivery of:*** | | | | |
| | | | | | |
| | **Equipment as Learning Materials of IP Learners** | | | | |
| | | | | | |
| **Lot 2** | **Television,** Smart / Android TV, minimum of 55 inches, high | **unit** | **1** | | |
| | definition resolution | | | | |
| | **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:
Renil R. Candoles
5/30/24
Date

_____
Company Name

_____
Telephone/Cellphone Number

_____
Printed Name/Signature of Authorized Representative

Date: _____