



No. : 2022-09-219

September 30, 2022

Date _____

1. Please quote your lowest price inclusive of VAT on the items listed below, subject to the Terms and Conditions of this RFQ. Submit your quotation duly signed by your authorized representative at the DepEd Division of Zamboanga Sibugay, Pangl, Ipil, Zamboanga Sibugay not later than _____. Receipt of at least one (1) of this quotation is sufficient to proceed with the evaluation.

a. All entries must be READABLE/ TYPEWRITTEN.

b. Please fill up the blank section/ columns (Unit price, total price including the grand total).

d. Price validity must be within sixty (60) calendar days.

Note: Mayor's Permit and Tax Clearance must be duly authenticated or certified true copy by issuing Agency and PhilGEPS Certification.

e. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment and other services from date of acceptance by the procuring entity.

3. Quotation that exceeds the Approved Budget for the Contract (ABC) shall be automatically disqualified.

AURELIO A. SANTISAS

Note: The Head of the Procuring Entity reserves the right to review the quotation of the bidders and reject any and all bids, declare the failure of the procurement process at any time prior to the contract award or not to award the contract pursuant to existing guidelines, without incurring any liability.

Item No.	Unit	Item Specification	Quantity	Unit Price	Total Price
	pax	Venue, Hotel Accommodation, FOOD: 3 Meals 2 Snacks with Dessert and Fruits for 5 day training	120		
		*Overflowing coffee/milo/water			
		*With strong internet connectivity			
		NO PORK			
	ABC	₹990,000.00	TOTAL		
Purpose:	To be used in the Five-Day Training-Workshop for Madrasah Education Program (MEP) Teachers: Upskilling and Retooling of ALIVE Teachers. Sub Aro No. RO-9-SIB-22-02-005 on October 10-14, 2022.				
		This is to submit our price quotation indicated above subject to the terms and conditions of this RFQ			
Suppliers Company Name:			Date:		
Address:			Tel. No.:		
TIN Number:			Cell. No.:		
Supplier's Signature Over Printed Name:			Email Add:		
			Fax No.:		



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