



No. : 2022-11-297

November 16, 2022

Date _____

To: All Eligible Bidders

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, Pangil, Ipil, Zamboanga Sibugay not later than _____. Receipt of at least one (1) of this quotation is sufficient to proceed with the evaluation.
2. Term and Conditions
 - 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.

FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL

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.

Please return in sealed envelope and indicate the RFQ number.

Item No.	Unit	Item Specification	Quantity	Unit Price	Total Price
	box	Multivitamins + Minerals, 100 tabs per box	360		
	box	Surgical Face Mask, 3 Ply, 50's per box	360		
	gallon	70% Ethyl Alcohol, 4 liters/gal.	188		
	bot.	Anti-bacterial Hand Sanitizer gel, 450-500 ml., in pump container	360		
		nothing follows			
		NOTE: The Expiration must be on Year 2025 or beyond.			
	ABC	₱750,000.00			
Purpose:	For the Division Office uses for the preventive measures for Covid-19 threats.				
		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.:		

