

Espatia of the Philippines Department of Education Rection 17 SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

REQUEST FOR QUOTATION No.: 2024-10-360

October 23, 2024

To: All Eligible Bidders

- 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: Eligibility requirements must be attach in every Request for Quotation and duly authenticated or certified true copy for the following documents:

- · Mayor's Permit
- · Philgeps Registration Member
- Income/Business Tax Return for ABC's with 500,000.00 and above
- Omnibus Sworn Statement for ABC's with 50,000.00 (for winning bidder)
- 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.

MA. COLLEEN L. EMORICHA, Edd. CESO V BAC Chairman

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 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
	pax	Lunch and AM and PM Snacks	160		
		Lunch: Rice, Pinakbet, Sutukil, Fruits, Gulaman,			
		Softrdrinks, Flowing Coffee/Milo/Tea			
		AM Snacks: Empanada (@ 2pcs per pax), Canned Juice			
		PM Snacks: Special Ensaymada, Canned Juice			
		Note: With provision of strong internet connection exclusive for the activity, tables and chairs, tarpaulin, LCD Projector			
	ABC	74,200.00			
irpose	Conduc	ct of DIMANCOM 2024 (Chargeable against Representation Allowand	ce)		
Suppliers Company Name: Address: TIN Number:			Date: Tel. No.: Cell. No.:		
Supplier's Signature Over Printed Name:			Email Add: Fax No.:		







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