

**REQUEST FOR QUOTATION**

No. : 2025-01-018

January 22, 2025

**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, Pangl, Ipil, Zamboanga Sibugay not later than **28 JAN 2025**. 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: 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 VI**  
 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 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
	pax	January 30-31, 2025	40		
		Breakfast, Lunch, AM, PM Snacks			
		Note: Packlunch to be deliver to school Kabasalan NHS			
	ABC	52,000.00			
Purpose: <b>For Youth Leaders Forum Charged to Continuing Funds CY 2024</b>					
Suppliers Company Name: _____ Address: _____ TIN Number: _____ Supplier's Signature Over Printed Name: _____			Date: _____ Tel. No.: _____ Cell. No.: _____ Email Add: _____ Fax No.: _____		



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