

Republical the Philippines Department of Concation REGION SCHOOLS DIVISION OF SAMBOANGA STRUGAY

REQUEST FOR QUOTATION No.: 2025-06-177

June 02, 2025

Tas	A 11	Eligible	
10:	ΛH	r.ligible	Riddor

- 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 Swom 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. **Total Price Unit Price** Quantity **Item Specification** Unit Item No. 20 Pilot Pen - Fine - Black box 5 Paper Sticker pack 5 Brother Ink set 20 Masking Tape - 2 inch pcs 10 Plastic Tape - 2 inch pcs 10 Canon Ink #35 pcs 200 Plastic Envelope with Holder pcs 500 Notebook 40 leaves pcs 4 Laid, A4 reams 1000 Ballpen pcs 10 Canon Ink #36 box 90,060.30 ABC Purpose: Supplies and Materials on the conduct of HOTs-PLPs Date: Suppliers Company Name: Tel. No.: Address: Cell. No.: TIN Number: Email Add: Supplier's Signature Over Printed Name: Fax No.:







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