



Republic of the Philippines
Department of Education
REGION IX
SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

REQUEST FOR QUOTATION

No. : 2022-04-071

April 20, 2022

Date

To: All Eligible Bidders

- 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.
- Term and Conditions
 - All entries must be READABLE/ TYPEWRITTEN.
 - Please fill up the blank section/ columns (Unit price, total price including the grand total).
 - 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.
 - 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

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

AURELIO A. SANTISAS
BAC Chairman

Please return in sealed envelope and indicate the RFQ number.

Item No.	Unit	Item Specification	Quantity	Unit Price	Total Price
	pax	VENUE, MEALS AND SNACKS GOOD FOR 1 DAY ORIENTATION-WORKSHOP FOR SCHOOL HEALTH PERSONNEL AND SELECT BOOKKEEPERS	85		
		Participants- 85 pax			
		(APRIL 29, 2022)			
		*FLOWING COFFEE/MILO/TEA			
		*PROJECTOR SCREEN			
		*LUNCH, DINNER, AM & PM SNACKS			
		nothing follows			
	ABC	₱68,000.00			
Purpose:	Orientation-Workshop on School-Based Feeding Program (SBFP) Implementation FY 2022 for School Health Personnel and Select Bookkeepers.				
		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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