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

# REQUEST FOR QUOTATION

**No. : 2023-11-297**

**November 14, 2023**

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, Pangi, Ipil, Zamboanga Sibugay not later than 20 NOV 2023 .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).
   c. Delivery period must be on the specified date indicated in the P.O. / Contract.
   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**
BAC Chairman

Please return in sealed envelope and indicate the RFQ number.

| Item No. | Unit | Item Specification | Quantity | | | | Unit Price | | | | Total Price | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Metro Manila | Luzon | Visayas | Mindanao | Metro Manila | Luzon | Visayas | Mindanao | Metro Manila | Luzon | Visayas | Mindanao |
| | | **Courier & Mailing Services:** | | | | | | | | | | | | |
| | grams | | | | | | | | | | | | | |
| | | **Express letter:** | | | | | | | | | | | | |
| | | * Maximum og 100 grams | 80 | 80 | 80 | 87 | | | | | | | | |
| | | * In excess of 100 grams or a fraction thereof | 20 | 20 | 20 | 20 | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | pounds | **One (1) pounder:** | | | | | | | | | | | | | |
| | | * Minimum of 500 grams | 9 | 10 | 10 | 70 | | | | | | | | | |
| | | * In excess of 500 grams or a fraction therof | 8 | 8 | 10 | 10 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | pounds | **Three (3) pounder:** | | | | | | | | | | | | | |
| | | * Minimum of 1,500 grams (1.5 kilos) | 10 | 10 | 10 | 40 | | | | | | | | | |
| | | * In excess of 500 grams or a fraction thereof | 8 | 8 | 7 | 7 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | pounds | **Five (5) pounder:** | | | | | | | | | | | | | |
| | | * Minimum of 2,500 grams (2.5 kilos) | 10 | 10 | 10 | 10 | | | | | | | | | |
| | | * In excess of 500 grams or a fraction thereof | 9 | 9 | 10 | 10 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | kilo | **General cargo** | | | | | | | | | | | | | |
| | kilo | * Minimum of 3 kilos | 10 | 10 | 1 | 20 | | | | | | | | | |
| | | * In excess of 1 kilo or a fraction therof | 10 | 10 | 1 | 22 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | ***NOTE:*** | | | | | | | | | | | | | |
| | | * The quantity of documents mailed & cost per destination will be base on the actual mailing of documents. Whenever there is excess in the billing, the office will notify the JRS and pay the outstanding balance. | | | | | | | | | | | | | |
| | | * Payment will be on monthly basis upon submission of proof of mailing services rendered. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | ABC | **ABC: Php 159,866.00 VAT INCLUDED** | | | | | | | | | | | | | |
| **Purpose:** | | ***Courier & mailing services of DepEd Division Office for FY 2024.*** | | | | | | | | | | | | | |
| | *This is to submit our price quotation indicated above subject to the terms and conditions of this RFQ* | | | | | | | | | | | | | | |
| | **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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