

Republic of the Philippines

Department of Education

REGION IX
SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

REQUEST FOR QUOTATION No.: 2024-01-014

January 15, 2024

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 you authorized representative at the DepEd Division of Zamboanga Sibugay, Pangi, Ipil, Zamboanga Sibugay not later than AN Z Z Z Z 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: 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

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 processat 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** 1HP D-Smart Queen Wall Mounted Split Type Inverter Aircon unit 1 FTKC25AVA/RKC25AVA L565 Multi-function printer WIFI, FAX, ADF SCANNER, unit 1 ETHERNET, WIFI DIRECT Unit Extension wire heavy Duty 5meter 4 slots 1 ABC 70,250.00 Purpose: For SDS office use. Suppliers Company Name: Date: Address: Tel. No.: TIN Number: Cell. No.: **Email Add:** Supplier's Signature Over Printed Name: Fax No.:



- Pangi, Ipil, Zbga. Sibugay
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