

Department of Education

REGION IX SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

REQUEST FOR QUOTATION No.: 2024-02-047

February 06, 2024			
	2024	06	Fahrnary

To.	AII	Eligib	la	Ridd	are
10.	211	EHEIL	ue	Diuu	CIS

- 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 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.

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 processat any time prior to the contract award or not to award the contract pursuant to existing guidelines, without incurring any liability.

Please re	turn in seale	d envelope and indicate the RFQ number.			
Item No.	Unit	Item Specification	Quantity	Unit Price	Total Price
	pcs	Plaque, 10 inch height, 6 cm thick	58		

	ABC	58,000.00			
Purpose:		RRM Year-End Evaluation and Planning 2023 Cum Pasidungog 20. Cs chargeable against FY 2023 DPRP Funds.	23 for District DRRN	1 Coordinators &	
Suppliers (Company N	ame:	Date:		
Address: TIN Number:		Tel. No.:			
			Cell. No.:		
		Printed Name	Email Add:		
Supplier's Signature Over Printed Name:			Fax No.:		



- 9. Pangi, Ipil, Zbga. Sibugay
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- @ depedzamboangasibugay.ph