

## Republic of the Philippines

## Department of Education

REGION IX SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

## REQUEST FOR QUOTATION

No. : 2024-02-050

February	14, 2024
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To: All Eligible Bidde	To:	All	Eligible	Bidder	1
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- 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. 2/19/2024 not later than
- 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. COLIZEEN 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.

1 tease rett	ar in ocure	l envelope and indicate the RFQ number.	0	Unit Price	Total Price
tem No.	Unit	Item Specification	Quantity	Unit Frice	Total Tree
		Continuous forms Substance 20:			
	box	4 ply long with carbon - (size 11x14 7/8) - Payroll	80	1	
	box	3ply short with carbon - (size 11x9 ½) - Abstract	70		
	box	1 ply short (size 11x9 1/2) - Payslip	62		The second
1					
	ABC	400,400.00			
Purpose:	For the us				
Suppliers Company Name:		Date:		-	
Address:			Tel. No.:		
TIN Number:		Cell. No.:			
		Email Add: Fax No.:			
Supplier's Signature Over Printed Name:		Fax No.:			



- 9 Pangi, Ipil, Zbga. Sibugay
- 當(062) 333-5492
- a zamboanga.sibugay@deped.gov.ph
- @ depedzamboangasibugay.ph