

## Department of Education REGION IX SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

## REQUEST FOR QUOTATION No.: 2024-03-093

March 12, 2024

| To: | All | Eligible | Bidder |
|-----|-----|----------|--------|
|     |     |          |        |

1. Please quote your lowest price inclusive of VAT on the items listed below, subject to the Terms and Conditions of this RFO. 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.

d. Price validity must be within sixty (60) calendar days.

Note: Eligibility requirements must be attach in every Request for Quotation and duly authenticated or certified true copy for the following documents:

· Mayor's Permit

• Philgeps Registration Member

- · Income/Business Tax Return for ABC's with 500,000.00 and above
- Omnibus Sworn Statement for ABC's with 50,000.00 (for winning bidder)
- 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                                  | return in  | sealed envelope and indicate the RFQ number.  |            |            |             |
|---|------------|---|------------|------------|-------------|
| Item No.                                | Unit       | Item Specification  | Quantity   | Unit Price | Total Price |
|   |            | 3/22/2024 (date is subject to change, it will depend upon the final schedule of COA)                      |            |            |             |
|   | pax        | Venue, 1 meak (lunch), and AM, PM snacks  | 82         |            |             |
|   |            | AM snacks: Spaghetti & juice in can   |            |            |             |
|   |            | Lunch: Plain rice, beef kaldereta, fish tinola, chicken chopsuey, veggies salad, softdrinks, melon sliced |            |            |             |
|   |            | PM snacks: buger & juice in can   |            |            |             |
|   |            | Note: with strong internet connection, LCD & white screen, sound system, 3 microphones                    |            |            |             |
|   |            | Coffee, mil, creamier, milo, tea  |            |            |             |
|   |            | Enough working tables and chairs for the participants   |            |            |             |
|   |            | Tarpaulin: CY 2023 Exit Conference March 22, 2024 (Place & Venue)   |            |            |             |
|   |            | Charged to regular fund for Division Personnel and registration for implementing unit participants        |            |            |             |
|   |            | X-X-X-X-X-X-X-X-X-X-X-X-X   |            |            |             |
|   |            |   |            |            |             |
|   | ABC        | 65,600.00   |            |            |             |
| Purpose:                                | Conduct of | exit conference CY 2023 on March 22, 2024   |            |            |             |
| uppliers Co                             | ompany Na  | ame:  | Date:      |            |             |
| Address:                                |            |   | Tel. No.:  |            |             |
| TIN Number:                             |            |   | Cell. No.: |            |             |
| Supplier's Signature Over Printed Name: |            |   | Email Add: |            |             |
|   |            |   | Fax No.:   |            |             |



zamboanga.sibugay@deped.gov.ph depedzamboangasibugay.ph