

Appublic of the Philippines Department of Education Region IX SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

REQUEST FOR QUOTATION

No. : 2024-08-217

August 01, 2024

- - 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 process at 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 |
| | unit | LCD Projector Specifications: 3,800 lumens of color and white brightness, Native XGA resolution and 4:3 performance, Long lamp life up to 12,000 hours in ECO Mode, Built-in Moderator function, Advance network connectivity | 1 | | |
| | set | Computer table, metal leg with chair (see attached photo) | 1 | | |
| | pcs | SSD SATA external Hard drive for laptop 2.5 inch, 512gb | 3 | | |
| | pcs | SSD SATA Enclosure 2.5 | 3 | | |
| | | ***nothing follows*** | | | |
| | | | | | |
| | ABC | 59,598.40 | | | |
| Purpose: | Office | Office equipments and supplies - charged to SPED PSF 2023. | | | |
| Suppliers Company Name: Address: TIN Number: | | | Date: Tel. No.: Cell. No.: | | |
| Supplier's Signature Over Printed Name: | | | Email Add: Fax No.: | | |







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