Republic of the Philippines
Department of Education
REGION IX
SCHOOLS DIVISION OF ZAMBOANGA SIBUGAY

# REQUEST FOR QUOTATION

**No. : 2024-10-322**

**October 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 your authorized representative at the DepEd Division of Zamboanga Sibugay, Pangi, Ipil, Zamboanga Sibugay not later than 21 OCT 2024. 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:** 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 |
|---|---|---|---|---|---|
| | pc | IP summit Kit | 500 | | |
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| | ABC | 60,000.00 | | | |
| Purpose: | *To be used for the IP Regional Summit Celebration 2024 -* | | | | |

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|---|---|
| **Suppliers Company Name:** | **Date:** |
| **Address:** | **Tel. No.:** |
| **TIN Number:** | **Cell. No.:** |
| **Supplier's Signature Over Printed Name:** | **Email Add:** |
| | **Fax No.:** |