



REQUEST FOR QUOTATION

Standard Form No.:SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Supplier:
Address:
Telephone No.:
e-Mail:
Date received by the Supplier:

Requesting Unit:
PR No.: 2020-11-226
Quotation No.: 2020-08-206
Date: November 18, 2020
ABC: 7,920.00

Please quote your lowest price on the item/s listed, subject to the General Conditions below, stating the shortest time of delivery and **submit your quotation in a sealed envelope** duly signed by your representative not later than 11-23-2020.


JULIET C. SANNAD
Chief- Curriculum Implementation Division
Chairman, Bids and Awards Committee

REQUIREMENTS:

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate
3. Omnibus Sworn Statement

Note:

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Delivery period within _____ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	36	Boxes	Face mask (4 ply)		
2	36	Bottles	Isporopyl Alcohol with moisturizer (aloe vera) (spray bottle) 500ml		
				TOTAL	

Purpose: Supplies and materials for the implementation of oplan kalusugan sa deped OKD under the program support fund

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Signature over Printed Name

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Date/Telephone No.

Canvassed by: