



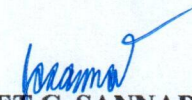
Republic of the Philippines
Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY

REQUEST FOR QUOTATION

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

Supplier: Requesting Unit: CID/M. Tabangcura
 Address: PR No.: 2021-10-199
 Telephone No.: Quotation No.: 2021-10-206
 e-Mail: Date: October 28, 2021
 Date received by the Supplier: ABC: 1,600.00

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 November 8, 2021 29am


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 | 8 | Sets | Health Kit 1.) 250ml isopropyl alcohol 70% 2.) 1 hand sprayer 3.) 1 box 4 ply facemask 1t 50 pcs (any colors) | | |
| | | | | TOTAL | |
| Purpose: Procurement of health kits for the facilitators/training team for the conduct of Virtual training of high school teachers on the critical contents in araling panlipunan | | | | | |



"DepEd SDO Baguio City: We Serve, We Care."

Address: 82 Military Cut-off Road, Baguio City
 Telephone/Fax: 074-442-4326 / 074-442-7819 | Email: depedbaguiocty@gmail.com
 Website: www.depedpines.com | Facebook Page: facebook.com/DepedTayoBaguioCity



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 CRN RU-19.2560.026
 Issued on 12/27/2019



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REQUEST FOR QUOTATION

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

Signature over Printed Name

Tin

Date/Telephone No.

Canvassed by:

| Item No. | Unit | Qty | Item Description | Unit Price |
|----------|------|-----|---|------------|
| 1 | Set | 8 | 1) 250ml isopropyl alcohol 70% 2) 1 hand sanitizer 3) 1 box 4 ply facemask (1 50 pcs (any colors) | |



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