

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:

Address:

Telephone No.:

e-Mail:

Date received by the Supplier:

Requesting Unit: OSDS/N. Binayan

PR No.: 2022-05-080

Quotation No.: 2022-05-075

Date: May 13, 2022

ABC: 291,000.00

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 __May _20, 2022 _3 _2001.

JULIET C. SANNAD

Chief- Curriculum Implementation
Division
Chairman, Bids and Awards Committee

REQUIREMENTS:

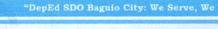
- 1. Mayor's / Business permit
- 2. PhilGEPS registration number or certificate
- 3. Omnibus Sworn Statement

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.

POSTE	IN PH	LGEPS

Item	Qty.	Unit	Item Description	Unit Price	Total Price
No.			3		
			KF94 Face mask 10 pcs/pack 4 to 5 ply, for		
1	300	Packs	adults FDA approved color: BLACK		
			KF94 Face mask 10 pcs/pack 4 to 5 ply, for		
2	300	Packs	adults FDA approved color: LIGHT BLUE		
			KF94 Face mask 10 pcs/pack 4 to 5 ply, for		
3	300	Packs	adults FDA approved color: WHITE		
			KF94 Face mask 10 pcs/pack 4 to 5 ply, for		
4	4 300		adults FDA approved color: VIOLET		
			KF94 Face mask 10 pcs/pack 4 to 5 ply, for		
5	300	Packs	adults FDA approved color: GRAY		
			Alcohol Ethyl/Isopropyl 70-80% with aloe vera		
6	150	Gallons	and green tea		
			Multivitamins + Mineral		
			Retinol palmitare (Vitamin A) 5000IU		
7 900		Packs	DL Alha Tocopheryl Acetate (Vit. E)		
			Ascorbic Acid (Vit. C) 500mg		









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	ZINC (as sulfate) 25 10 capsules/pack	mg Kana masu 1099	
		7	TOTAL
Purpose: Procure	ment of covid kits for SDO	employees for the secon	d quarter
		4	Supplier
			Address:
A fter having	g carefully read and accepted y	our General Conditions I/	We quote you on the item at
rices noted above.	ments for following and		
	ABC: 291,000.00		Date received by the Supplie
	lated, subject to the General		
		tov amount you	Signature over Printed Name
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