



Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
Quezon Hill Elementary School
 Middle Quezon Hill, 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: _____

Requesting Unit: Quezon Hill Elem. School
 PR No.: 2022-010-053
 Quotation No.: 2022-010-053
 Date: October 14, 2022
 ABC: Php108,535.00

Date received by the Supplier:

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 October 20, 2022.


DELIA P. ALLIBANG

Chairman, Bids and Awards Committee

POSTED IN PHILGEPS

REQUIREMENTS:

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

Note:

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Indicate brand and model of item offered.
- ✓ Delivery period within _____ Calendar Days.
- ✓ Price validity shall be for a period of 120 Calendar Days.

Item No	Qty.	Unit	Item Description	Unit Price	Total Price
1	200	gallon	alcohol		
2	237	box	facemask		
3	35	box	vitamins(sodium ascorbate/non-acidic)		
4	2	pc	oximeter		
5	5	unit	thermal scanner		
6	25	gallon	bleach/chlorox		
7	1	unit	BP Apparatus		
8	2	box	gauze		
9	10	bottle	betadine 30ml		
10	10	pc	medical tape 1"		
11	10	pack	cotton balls 300s		
12	10	pack	cotton buds 160s		
13	10	pc	salbutamol nebule		
14	5	bottle	paracetamol for kids 60ml		
15	5	bottle	medicine for spasm(for acidic stomach of children) 60ml		
16	50	pc	medicine for diarrhea(loperamide)		
17	50	pc	medicine for cough		

Purpose: For use by the school employees, learners and for school disinfection.

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/Tel Phone No.: _____