

## 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:SGOD/R. Sinot
Address:	PR No.: 2024-02-046
Telephone No.:	Quotation No.: 2024-02-055
e-Mail:	Date: March 7, 2024
Delivery Period:	ABC: 243,930.00
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 \_\_March 12, 2024 again\_\_\_\_\_

Failure to submit this on or before the due date aforstated will be a ground for disqualification.

CARMEL F. MERIS

OIC-Assistant Schools Division Superintendent Chairman, Bids and Awards Committee

#### **REQUIREMENTS:**

- 1. Mayor's / Business permit
- 2. PhilGEPS registration number or certificate
- 3. Omnibus Sworn Statement if above 50,000.00
- 4. Income/Business Tax Return 500,000.00 and above

POSTED IN PHILEEPS

#### 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	129	Pax	Lipid profile (cholesterol, triglyceride, (HDL/LDL)		
2	129	Pax	Fasting blood sugar		
3	129	Pax	Uric acid		
4	129	Pax	Creatinine/BUN		
5	129	Pax	SGOT		
6	129	Pax	SGPT		
7	129	Pax	Complete blood count		
8	129	Pax	Urinalysis		



DepEd SDO Baguio City

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9	129	Pax	Chest X-ray	
10	129	Pax	ECG	
				TOTAL

es noted above.	
	Signature over Printed Name
	Tin
	Date/Telephone No.

15107 020

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