



**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: BAC  
 PR No.: 2024-03-060  
 Quotation No.: 2024-03-061  
 Date: March 12, 2024  
 ABC: Php 3,190.00

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 **March 19, 2024 @ 9am.**

**Failure to submit on or before the date aforesated 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

**Note:**

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

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	100	pc	Meclizine Hydrochloride 25gsm, for adults		
2	106	pc	Meclizine Hydrochloride 12.5gsm, for kids		
			***Nothing Follows***		
Purpose: Procurement of medicines for the conduct of 2024 sports activities					

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.



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

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