



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/N. Tibangay
Address:	PR No.: 2024-04-098
Telephone No.:	Quotation No.: 2024-04-096
e-Mail:	Date: April 23, 2024
Delivery Period:	ABC: 24,885.00
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 May 2, 2024 @ 9am

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

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	500	Bottles	Ascorbic acid with zinc syrup for kids 60ml Flavor: Orange ort lemon		
			*To be delivered at SDO Baguio City on July 31, 2024 *It must clearly and readably indicate manufacturing and expiration date		
				TOTAL	

Purpose: Procurement of medical supplies to identified SBFP learner beneficiaries



Address: 82 Military Cut-off Road, Baguio City
Telephone/Fax: (074) 442-4326 / (074) 442-7819 | Email: baguio.city@deped.gov.ph
Website: www.depedpines.com | Facebook Page: facebook.com/DepEdTayoBaguioCity

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



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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:



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