



Republic of the Philippines  
**Department of Education**  
 Cordillera Administrative Region  
**SCHOOLS DIVISION OF BAGUIO CITY**

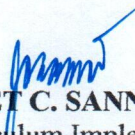
**REQUEST FOR QUOTATION**

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. Ebanio  
 PR No.: 2022-04-066  
 Quotation No: 2022-04-056  
 Date: April 18, 2022  
 ABC: 13,500.00

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 April 20, 2022 @ 9am

  
**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.

Item No.	Qty	Unit	Item Description	Unit Price	Total Price
1	15	Pax	AM Snacks		
2	15	Pax	Lunch		
			*Menu: In-house *With free flowing coffee *Individually packed with utensils and tissue		
				<b>TOTAL</b>	

Purpose: Procurement of meals and snacks for the conduct of special management meetings for the 2nd quarter of 2022 April 27, May 19 and June 23, 2022



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

Address: 82 Military Cut-off Road, Baguio City  
 Telephone/Fax: 074-442-4326 / 074-442-7819 | Email: depedbaguiocity@gmail.com  
 Website: www.depedpines.com | Facebook Page: facebook.com/DepedTayoBaguioCity



ISO 9001:2015 Certified  
 Quality Management System  
 CRN RU-19.2560.026  
 Issued on 12/27/2019



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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:

\_\_\_\_\_  
 (Name)  
 (Title)  
 (Address)

No.	Item Description	Unit	Qty	Unit Price	Total Price
1	AM Bracks	Pz	10		
2	Lunch	Pz	10		
	Money in bank				
	*With free flowing coffee				
	*Individually packed with nectar and				
	Utensil				
	<b>TOTAL</b>				



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