

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.:2024-12-378
Telephone No.:	Quotation No.: 2024-12-347
e-Mail:	Date: December 18, 2024
Delivery Period:	ABC: 168,000.00
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 _Pecember 23, 2024 3 9 am

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

For:

CARMEL F. MERIS

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

> Digitally signed by Niño Tibangay Date: 2024.12.18 15:48:49

NINO M. TIBANGAY BAC Vice-Chairperson

REQUIREMENTS:

- 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	ABC	Unit Price	Total Price
1	8	Units	8 cu.ft upright chiller Semi inverter, 100% aluminum coated inside, motor compressor, semi inverter, 5 year warranty			
					TOTAL	

Purpose: Procurement of semi expendable equipment for the school-based feeding program







Address: 82 Military Cutoff Rd, Baguio, Benguet, 2600

Telephone No.: (074) 665-1231

Email Address: baguio.city@deped.gov.ph







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Cordillera Administrative Region SCHOOLS DIVISION OF BAGUIO CITY

After having	carefully read and	accepted your	General	Conditions,	I/We quote y	ou on the iter	n at
prices noted above.							

Signature	over Printe	ed Name
	Tin	
Date	/Telephone	e No.

Canvassed by:







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