

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: CID/J. Sannad
Address:	PR No.:2024-11-356
Telephone No.:	Quotation No.: 2024-12-322
e-Mail:	Date: December 5, 2024
Delivery Period:	ABC: 58,200.00
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 ______December 9, 2024 @ 9:00 am

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

(on leave) CARMEL F. MERIS

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

> NIÑO M. TIBANGAY **BAC** Vice Chairperson

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	Qty.	Unit	Item Description	ABC	Unit Price	Total Price
No.						
		Pax	Meals and Snacks December 18, 2024 AM SNACKS 2 Medium size sliced kakanin Juice	600.00 x 97=58,200.00		







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

Telephone No.: (074) 665-1231

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



DepEd Tayo Baguio City





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SCHOOLS DIVISION OF BAGGIO CITY						
1	97		LUNCH Rice, steamed mixed Baguio/lowland Sinigang na bangus Mineral bottled water 350 ml Banana			
			PM SNACKS 1 pc. ham sandwich with camote fries Juice			
			***With overflowing drinking water, coffee with milk/coffee mate			
Purpose: Procurement of meals and snacks for the orientation workshop on the Administration of Early Language Literacy and Numeracy Assessment (ELLNA)						

After having carefully read and accepted your General Conditions, I/We quote you on the item at s noted above.		
	Signature over Printed Name	
	Tin	
Canvassed by:	Date/Telephone No.	

Canvassed by:







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