



**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.:2025-07-161
Telephone No.:	Quotation No.: 2025-07-161
e-Mail:	Date: July 14, 2025
Delivery Period:	ABC: 16,000.00
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 July 21, 2025 29am  
**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
5. PLEASE write the UNIT PRICE and TOTAL PRICE

**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	6	Rolls	Manila paper (50pcs per roll, size 36 inches x 48 inches)		
2	88	Pieces	Whiteboard marker (30 black, 30 blue, 28 red)		
3	38	Pieces	Plastic expanded envelope		
4	38	Pieces	Notebook high end faux leather retro notebook with retro shell design A5 size		
			<b>TOTAL</b>		



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Purpose: Procurement of supplies in the conduct of career guidance program: School based training of career advocates on August 11 to 15, 2025

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
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\_\_\_\_\_  
Date/Telephone No.

Canvassed by: