



REQUEST FOR QUOTATION

Standard Form No.: SF-GOOD-60

Revised on: May 24, 2004

Standard Form Title: Request for Quotation

Regular MOOE

January 2026

Supplier:

Address:

Telephone No.:

E-Mail:

Date received by the Supplier:

Requesting Unit: **STO. TOMAS NHS- JUNIOR HIGH SCHOOL**

PR No.: **STNHS-2025-12-028**

Quotation No.: **STNHS-2025-12-028**

Date: **9-Dec-2025**

ABC: **498,000.00**

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 December 11, 2025 (12:00NN).

Jennylyn B. Bonayao
JENNYLYN B. BONAYAO
BAC Chairman

REQUIREMENTS:

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate
3. Income/Business Tax Return
4. Omnibus Sworn Statement

Note:

Submit RFQ together with the requirements.

All entries must be typewritten or legibly written.

Indicate brand and model of item offered.

Delivery period within 15 Calendar Days.

Price validity shall be for a period of 30 Calendar Days.

Item No.	Qty	Unit	Item Description	Unit Price	Total Price
1	2	Pax	Security Guard		
			Contract Period: January 1, 2026 to December 31, 2026		
			Schedule Duty: Mondays to Sundays including legal and special holidays		
			Duty Hours: 6:00AM-6:00PM		
			Security Guard must:		
			a. be duly licensed		
			b. wear proper uniform with complete defence tools (flash light & baton)		
			c. have atleast 2 years experience		
			d. maintain logbook		
			f. adhere to policies of the school		
			g. preferable male		
			.		
			Note:		
			Security Agency must:		
			a. submit monthly proof of remittance/payment of SSS, Philhealth and PAG-IBIG of utility worker		
b. submit a utility plan from January 1 to December 31, 2026					
			<i>*nothing to follow*</i>		

Purpose: Procurement of Security services for Sto. Tomas National High School.

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

Canvassed by:

WILMA B. LEGASPI

Canvasser

Date / Telephone No.