



Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 Schools Division of Baguio City
PINSAO NATIONAL HIGH SCHOOL

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 Address:

Date received by the Supplier:

Requesting Unit: **PINSAO NATIONAL HIGH SCHOOL**

PR No.: 2025-12-001

Quotation No.: 2025-12-001

Date: December 19, 2025

ABC: **Php 360,000.00**

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 26, 2025 at 10:00am**.

Lilia G. Mayapit
LILIA G. MAYAPIT

PINSALO NHS Bids and Awards Committee Chairman

REQUIREMENTS:

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

Note:

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Submit RFQ together with the requirements. ● Entries must be typewritten or legibly written. ● Indicate brand and model of item offered. | <ul style="list-style-type: none"> ● 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	1	pax	Security Services		
TOTAL					

Purpose: psychological assessment for students with special needs

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

Canvassed by:

Signature over Printed Name

TIN

Date/ Telephone No.



Address: Pinsao Pilot Project, Baguio City
 Telephone Number: 619-8525
 Email Address: pinsaohigh2009@gmail.com
 Facebook Account: DepEd Tayo Pinsao NHS