



Republic of the Philippines
 Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
Division of Baguio City
 82 Military Cut-off Rd., Baguio City



REQUEST FOR QUOTATION

MOOE - SHS

Standard Form No.: SF-GOOD-60
 Revised on: May 24, 2004
 Standard Form Title: Request for Quotation

Supplier: _____
 Address: _____
 Telephone No.: _____
 e-Mail: _____
 Date received by the Supplier: _____

Requesting Unit: **RIZAL NATIONAL HIGH SCHOOL**
 PR No.: **2025-12-002**
 Quotation No.: **2025-12-002**
 Date: **December 16, 2025**
ABC: 414,000.00

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 22, 2025, 9am**


ORTEZ D. GABOL
 School BAC Chairperson, Bids and Awards Committee

REQUIREMENTS:

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

NOTE

- ü Submit RFQ together with the requirements.
- ü All entries must be typewritten or legibly written.
- ü Indicate brand and model of item offered.
- ü Delivery period within _____ Calendar Days.
- ü Price validity shall be for a period of 30 Calendar Days.

Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
1	2	pax	UTILITY PERSONNEL (January 1 - December 31, 2026) Schedule of Duty: Mondays to Fridays including legal and special holidays Duty Hours: 7:30 AM - 4:30 PM Utility personnel must: a. must be visible at all times b. adhere to policies of the school c. possess basic maintenance and repair skills NOTE: Agency must: a. submit monthly proof of remittance/payment of SSS, Philhealth, and PAG-IBIG of utility personnel		
<i>*nothing follows*</i>					
				TOTAL	
Purpose: Procurement of janitorial services for CY 2026 - SHS Fund					

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

 Tax Identification Number (TIN)