



Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OF BAGUIO CITY
JOAQUIN SMITH 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: _____
 Date received by the Supplier: _____

Requesting Unit: JOAQUIN SMITH NHS
 PR No.: **2026-08 JHS**
 Quotation No.: **2026-08 JHS**
 Date: **March 24, 2026**
 ABC:Php **60,180.00**

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 **March 30, 2026**.


LORMA L. UGAY

Master Teacher III-Bids and Awards Committee Chairperson

REQUIREMENTS:

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

Note:

- | | |
|---|--|
| ✓ Submit RFQ together with the requirements. | ✓ Delivery period within 07 Calendar Days. |
| ✓ All entries must be typewritten or legibly written. | ✓ Price validity shall be for a period of <u>30</u> Calendar Days. |

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	75	piece	Ink, EPSON, 003, Black, ORIGINAL		
2	34	piece	Ink, EPSON, 003, Cyan, ORIGINAL		
3	34	piece	Ink, EPSON, 003, Magenta, ORIGINAL		
4	34	piece	Ink, EPSON, 003, Yellow, ORIGINAL		
TOTAL					

Purpose: For Regular Office and School Use.

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:  **CRISTY JOY B. BACANI**

 Telephone No./Contact Number



Km. 4, Asin Road, Baguio City

Tel/ Fax: (074) 665-9989 OR 442-4319

Email: joaquinmithnhs@gmail.com or 305284@deped.gov.ph