

Republic of the Philippines Department of Education Region X – Northern Mindanao



DIVISION OF OZAMIZ CITY City of Ozamiz IBJT Compound, Carangan, Ozamiz City Telephone (088) 545-0988 Fax No. (088) 545-0990 Website: www.depedozamiz.net / Email: deped1miz@gmail.com

REQUEST FOR QUOTATION

Procuring	DepED, Division of Ozamiz City	RFQ No.:	SEPT23-211
Office/End-	CID	PR No.	2023-09-211
Purpose:	World Teachers' Day Celebration on October 3, 2023	Date:	September 23, 2023

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.

2. Delivery period is on October 3, 2023

3. Avoid quoting if stocks are not available within the period stipulated.

4. Warranty shall be for a minimum of three (3) months for supplies and materials from date of acceptance by the end-user.

5. Price validity shall be for a period of sixty (60) calendar days.

6. Bidders shall submit original brochures showing certifications of the product, if applicable.

7. Failure to print name and/or signature of authorized representative shall disqualify the supplier from participating the bidding process.

8. Failure to deliver within the stipulated delivery period shall subject the supplier to a penalty or liquidated damages of 1/10 1% per day of delay on items not delivered.

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated above and submit your quotation duly signed by your representative not later than 2 days after the receipt of this document.

Very truly yours,

NONESIO LOWAGON, JR.

ASDS/BAC Chair

Company Name:							
Address:							
Telephone No./ Fax No.		ax No.					
ltem No.	QTY	Unit	Items and Description	ABC	Bidder's Brand	Unit Price	Total Price
1	1437	packs	Packed Meals (rice, chicken, pasta, and drinks)	210.00			
			*** Nothing Follows ***				
TOTAL							

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

Note:

1 Amount Below Php 50,000.00

* please attach MAYOR'S BUSINESS PERMIT (photocopy only)

2 Amount Above Php 50,000.00

- * please attach MAYOR'S BUSINESS PERMIT (photocopy only)
- * Omnibus Sworn Statement (photocopy only)
- * Latest Income Business Return (photocopy only)

Signature Over Printed Name / Date