

## 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.:	2024-01-002
Office/End-	OZAMIZ CITY CENTRAL SCHOOL	PR No.	2024-01-002
Purpose:	Purchase of meals for INSET	Date:	January 04, 2024

## **TERMS and CONDITIONS:**

- 1. All entries must be typewritten or legibly written.
- 2. Delivery period is within \_\_\_\_\_\_days from date of receipt of Purchase Order (PO).
- 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

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,

JOBI L. VIRTUDES
BAC CHAIRMAN

**Company Name:** 

Address:							
Telephone No./ Fax No.							
Item No.	QTY	Unit	Items and Description	ABC	Bidder's Brand	Unit Price	Total Price
1	535	packs	Food packs for INSET (from January 24-26,29 & 30, 2024)(5days) Inclusions: 2 viands, rice, drinks	131.59			

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)

Signature Over Printed Name / Date

70,400.00

2 Amount Above Php 50,000.00

- \* please attach MAYOR'S BUSINESS PERMIT (photocopy only)
- \* Omnibus Sworn Statement (photocopy only)

TOTAL

\*\*\* Nothing Follows \*\*\*

\* Latest Income Business Return (photocopy only)