

## **REQUEST FOR QUOTATION (RFQ)**

|                          | Date:       | August 15, 2022 |  |  |
|--------------------------|-------------|-----------------|--|--|
| Name of Company          | RFQ No.:    | 22-08-111       |  |  |
|                          | PR No.:     | 2022-08-0204    |  |  |
|                          | ABC: P      | 60,000.00       |  |  |
| Complete Company Address | PHILGEPS Re | f. No.: 8941098 |  |  |

## To Whom It May Concern:

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, FAUSTINO JR. GENERAL CONDITIONS All entries must be typewritten and legible; Bidders must submit certificate of PHILGEPS Registration; or Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); BAC Chairperson 1. 2. 3 Place this RFQ in a sealed envelope and type the following details on the face of the envelope: 4. Your Company Name RFQ No.: PR No.: PHILGEPS Reference No.: Delivery period must be at least within seven (7) calenday days upon receipt of the Notice of Award (indicated the days of 5. delivery in the Bidder's Certicate) Item/s delivered must have warranties for unit replacements, parts, labor or other services; 6 Price validity shall be for a period of three (3) months; Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract 8. (ABC): Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery 9. requirements before the issuance of check payment; 10. Failure to comply with these conditions shall mean disqualification of your bid proposal. SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX PLEASE QUOTE: PER LOT / PER ITEM

| ITEM<br>NO. | ITEM DESCRIPTION<br>(Item Name & Technical Specifications)  | QTY.       | UNIT  | FINANCIAL PROPOSAL<br>(Indicate the Price Offer) |                    | TECHNICAL PROPOSAL<br>(Indicate Brand/Model Offer) |    |
|-------------|---|------------|---|--|--------------------|--|----|
|             |   |            |   | Unit Price                                       | <b>Total Price</b> | Yes  | No |
|             | August 30, 2022   |            |   |  |                    |  |    |
|             | AM SNACKS   | pax        | 100   |  |                    |  |    |
|             | Spaghetti, Fried Chicken, Juice   |            |   |  |                    |  |    |
|             | LUNCH   | pax        | 100   | -  |                    |  |    |
|             | Rice, Baby back ribs, Roasted<br>Chicken, Ginataang sitaw w/<br>kalabasa, ponkan, bottled water       |            |   |  |                    |  |    |
|             | PM SNACKS   | pax        | 100   |  |                    |  |    |
|             | Ham & cheese sandwich, juice in<br>can  |            |   |  |                    |  |    |
|             | Inclusion:<br>*Venue w/ set-up<br>*Buffer of 5 pax for TWGs<br>*Service crew<br>*Provision of alcohol |            |   |  |                    |  |    |
|             | TOTAL   |            |   |  |                    |  |    |
|             | Date of Event August 30, 2  |            |   |  |                    |  |    |
|             | Purpose   | Pro<br>Pro | Procurement of Food for Aguyod Learning Recovery Plan Phase I-<br>Program Implementation Review (PIR) |  |                    |  |    |

## SUPPLIER/CONTRACTOR/CONSULTANTS CERTIFICATION

Atter having carefully read and accepted your General Conditions, I/We quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in \_\_\_\_\_\_ days from receipts of the Notice of Award.

| CANVASSER'S CERTIFICATION  |                                  |
|--|----------------------------------|
|  | Signature over Printed Name      |
| This is to certify that I have full knowledge, authority and responsibility in<br>distributing and/or collecting the Request for Quotation (RFQ) in accordance to<br>the guidelines in securing prices for the City Schools Division of Tayabas. | Company Tel/Fax/Mobile No.       |
|  | Company Tax Identification No. ( |
| Authorized Representative  | Date                             |



tayabas.city@deped.gov.ph

https://depedtayabas.com/

cation No. (TIN)