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

	Date:			
Name of Company	RFQ No.:		22-08-124	
	PR No.:	2022-08-221		
	ABC:	P	103,630.00	
Complete Company Address	PHILGEPS	Ref. No.:	9028474	

## To Whom It May Concern:

Please quote your lowest price's on the lot or item's below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than <u>September 21, 2022</u> at <u>9:00 am</u> to the address listed abort than \_\_\_\_

## GENERAL CONDITIONS

ANTONIO P. FAUSTINO JR. **BAC** Chairperson

- All entries must be typewritten and legible; 1. Bidders must submit certificate of PHILGEPS Registration; or Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); 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);
- 9. Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment; 10. Failure to comply with these conditions shall mean disqualification of your bid proposal.

PLEASE QUOTE: PER LOT / PER ITEM				SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX				
ITEM NO.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY.	UNIT	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/Model Offer)		
				Unit Price	<b>Total Price</b>	Yes	No	
1	Sodium Ascorbate, Zinc Sulfate Monohydrate 500mg/10mg Film- Coated Tablet (100pcs per box, Vitamin C plus Zinc)	101	box					
2	Mefenamic Acid 500mg film coated tablet 100pcs/box	1	box		_	_		
3	Benzydamine HCI Lozenges 8pcs/box	3	box					
4	Menthol Crystal Methyl Salicylate Eucalyptus Oil 2.5ml x 12's size no. 4	1	box					
5	Hydrogen Peroxide 3% Solution Antiseptic/Disinfectant 60ml	9	bottle					
	Preference: -preferably branded -at least 2-3years expiration from the date of delivery							
	TOTAL							
-	Date of Event	NA						
	Purpose			IENT OF MEI N - MEDICIN		UPPLIES FOR	COVID-19	

## 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	
This is to certify that I have full knowledge, authority and responsibility distributing and/or collecting the Request for Quotation (RFQ) in econdance to the guidelines in securing prices for the City Schools Division of systbas.	-

Signature over Printed Name

Company Tel./Fax/Mobile No.

Company Tax Identification No. (TIN)

Authorized Representative

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Date



Brgy, Potol, Tayabas City (042) 710-0329 or (042) 785-9615 tayabas.city@deped.gov.ph

https://depedtayabas.com/