



Republic of the Philippines
Department of Education
 REGION IV- A CALABARZON
 CITY SCHOOLS DIVISION OF CITY OF TAYABAS

REQUEST FOR QUOTATION (RFQ)

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Name of Company</div> <div style="border-bottom: 1px solid black;">Complete Company Address</div>	<div style="margin-bottom: 5px;">Date: <u>April 04, 2025</u></div> <div style="margin-bottom: 5px;">RFQ No.: <u>2025-04-049</u></div> <div style="margin-bottom: 5px;">PR No.: <u>2025-04-0049</u></div> <div style="margin-bottom: 5px;">ABC: <u>P</u> <u>54,610.00</u></div> <div style="margin-bottom: 5px;">PHILGEPS Ref. No.: <u>11950521</u></div>
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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 April 11, 2025 at 9:00 am to the address listed above.

GENERAL CONDITIONS

1. All entries must be typewritten and legible;
2. Bidders must submit the following eligibility requirements:
 - a. PHILGEPS Registration Certificate
 - b. DTI or SEC
 - c. Mayor's/Business Permit
 - d. Income/Business Tax Clearance
3. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:

Your Company Name
RFQ No.: 2025-04-049
PR No.: 2025-04-0049
PHILGEPS Reference No.: 11950521
4. Delivery period must be at least within **seven (7) calendar days** upon receipt of the **Notice of Award** (indicated the days of delivery in the Bidder's Certificate)
5. 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;
7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract
8. Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery
9. Failure to comply with these conditions shall mean disqualification of your bid proposal.

HERBERT D. PEREZ
BAC Chairperson

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)	
Request For Quotation for the Procurement of Dental Supplies for the Provision of Dental Services (Activity Request#AR-2025-D6473-00021)				Unit Price	Total Price	Yes	No
1	Lidocaine HC1 + Epinephrine 20mg/ml/1:100000 Solution for Injection Local Anesthetic/ 50 Cartridges x 1.8 ml per box	4	box				
2	5% Sodium Fluoride with Calcium, xylitol and phosphate / 50 pcs x 0.4ml unit dose with applicator brush/box	8	box				
3	Facemasks/ 50 pcs per box	6	box				
4	Eugenol (Toothache drops) 7.5ml drops	5	bottle				
5	Gengigel 1 ml sachet (15pcs per box)	5	box				
6	38% Silver Diamine Fluoride 5 ml	1	piece				
7	Glass Ionomer posterior restorative material (powder: 15g, liquid: liquid:10ml/ box)	2	box				
8	Preference: -Preferably Branded - At least 2-3 years expiration from the date of purchase						
TOTAL							
Date of Event		N/A					

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ITEM NO.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY.	UNIT	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/Model Offer)	
Request For Quotation for the Procurement of Dental Supplies for the Provision of Dental Services (Activity Request#AR-2025-D6473-00021)				Unit Price	Total Price	Yes	No
Purpose		Procurement of Dental Supplies for the Provision of Dental Services					

SUPPLIER/CONTRACTOR/CONSULTANTS CERTIFICATION

After 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 in distributing and/or collecting the Request for Quotation (RFQ) in accordance to the guidelines in securing prices for the City Schools Division of Tayabas.

Authorized Representative

Signature over Printed Name

Company Tel./Fax/Mobile No.

Company Tax Identification No. (TIN)

Date