



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

REQUEST FOR QUOTATION (RFQ)

Name of Company	Date: April 10, 2025
	RFQ No.: 2025-04-051
	PR No.: 2025-04-0051
Complete Company Address	ABC: P 49,990.00
	PHILGEPS Ref. No.: N/A

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 14, 2025** at **9:00 am** to the address listed above.

GENERAL CONDITIONS

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

Your Company Name
RFQ No.: 2025-04-051
PR No.: 2025-04-0051
PHILGEPS Reference No.: N/A

- 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)
- Item/s delivered must have **warranties** for unit replacements, parts, labor or other services;
- 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
- Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery
- 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 Equipment for the Provision of Dental Services at the SDHCP Clinic (Dental Autoclave) (Activity Request#AR-2025-D6473-00019)				Unit Price	Total Price	Yes	No
1	Dental Autoclave 18 liters Specifications: •Power: 220 volts •Temperature/Pressure: 121C° /0.12Mpa; 134 C° / 0.22Mpa •Sterilization time 25min/ 6min •Safety: heating over protection; safety valve •Temp Control Design: Chip Control Inclusions: •Tray basket 1 pc •Sterilization tray 3 layers or pcs •Tray holder 1 pc • After Sales Services: 1 Year warranty on parts and lifetime services Delivery Fee from the supplier's office to Kalumpang Elementary School SDHCP Clinic	1	unit				
TOTAL							
Date of Event		N/A					
Purpose		Procurement of Dental Equipment for the Provision of Dental Services at the SDHCP Clinic (Dental Autoclave)					

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 Equipment for the Provision of Dental Services at the SDHCP Clinic (Dental Autoclave) (Activity Request#AR-2025-D6473-00019)				Unit Price	Total Price	Yes	No

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