

## Republic of the Philippines

# Department of Education

# REGION IV- A CALABARZON CITY SCHOOLS DIVISION OF CITY OF TAYABAS

REQUEST	FOR	QUOTATION	(RFQ)

	Date:	September 25, 2025
Name of Company	RFQ No.:	2025-09-157
	PR No.:	2025-09-0157
	ABC: ₱	35,000.00
Complete Company Address	PHILGEPS Ref. No.:	N/A

HERBERT D. PEREZ

AC Chairperson

#### 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 October 3, 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.: 2025-09-157 PR No.: 2025-09-0157 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 Certicate)
- 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.

PLEASE QUOTE: <b>PER LOT / PER ITEM</b>		SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX					
ITEM	ITEM DESCRIPTION	QTY. UNIT	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL		
NO.	(Item Name & Technical Specifications)	QII. UNII			(Indicate Bran	nd/Model Offer)	
health I	est For Quotation for the Procurement of Foods fo Kit Creation for Learners, World Mental Health Da Catasropies and Emergencies (Activity Request#A	y: Access to 1	Mental Health	Unit Price	Total Price	Yes	No
1	AMsnacks: Bake Macaroni, 2pcs Toasted Bread, Bottled Water	50	pax				
2	Lunch: Baby Back Ribs, Fried Chicken,Buttered mix vegetables, Nido Soup, Rice ,Coffee Jelly Bottled Water	50	pax				
3	PMsnacks: Clubhouse sandwich with fries, Juice in can	50	pax				
	Inclusion: with air-conditioned venue that can accommodate up to 55 pax, with LCD projector and white screen, with sound system & mic, with overflowing coffee and water, buffer for 5 pax						
	*NOTHING FOLLOWS*						
	TOTAL						
	Date of Event	10-Oct-2	25				
	Purpose				ry Mental health i ntal Health in Ca		







Address: Brgy. Potol, Tayabas City Telephone No.: (042) 785-9615

**Email Address:** tayabas.city@deped.gov.ph **Website:** https://www.sdotayabascity.ph

	PLEASE QUOTE: PER LOT / PE	R ITEM		SUPPLIER/CO	NTRACTOR/CO	NSULTANT'S P	ROPOSAL BOX
ITEM	ITEM DESCRIPTION	OTY.	UNIT	FINANCIAL	PROPOSAL	TECHNICA	L PROPOSAL
NO.	(Item Name & Technical Specifications)	QII.	UNII	(Indicate the	Price Offer)	(Indicate Brar	nd/Model Offer)
Request For Quotation for the Procurement of Foods for the Emergency Mental health Kit Creation for Learners, World Mental Health Day: Access to Mental Health in Catasropies and Emergencies (Activity Request#AR-2025-D6473-00081)		Unit Price	Total Price	Yes	No		

### 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

elivery and shipment which can be made in days from receipts of the Notice of	1 1	
CANVASSER'S CERTIFICATION		
This is to certify that I have full knowledge, authority and	Signature over Printed Name	
esponsibility in distributing and/or collecting the Request for Quotation RFQ) in accordance to the guidelines in securing prices for the City Schools	Company Tel./Fax/Mobile No.	
ivision of Tayabas.	Company Tax Identification No. (TIN)	
Authorized Representative	Date	







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