

Republic of the Philippines

Department of Education

REGION IV- A CALABARZON

| | | | | F CITY OF T | | | | |
|-------------------|---|-----------------------------|--------------------------------|------------------------------------|--------------------------------|--|------------------|--|
| | RI | QUEST | FOR QUOT | ATION (RFC | 5)——— | | | |
| | | | | Date: | | November 06, 2025 | | |
| | Name of Company | | RFQ No.: | | | 2025-11-196 2025-11-0196 P 24,000.00 | | |
| | | | | PR No.: ABC: | | | | |
| | Complete Company Address | | | PHILGEPS Ref. No. | | | N/A | |
| To Wh | om It May Concern: | | | | | | | |
| stating than | Please quote your lowest price/s on the lot of the shortest time of delivery and submit your November 18, 2025 | | uly signed by | | | ter | | |
| crecere | 1100011201 10, 2020 | at . | | o uni | _ 10 1110 1111111111111 | | | |
| GENE | RAL CONDITIONS | | | | H | ERBERT D. PE | REZ | |
| 1. | All entries must be typewritten and legible | | | | | BAC Chairperso | on | |
| 2. | Bidders must submit the following eligibilit a. PHILGEPS Registration Certificate | gibility requirements: | | | | 1 | | |
| | b. DTI or SEC | | | | | 1 | | |
| | c. Mayor's/Business Permit | | | | | | | |
| 2 | d. Income/Business Tax Clearance | 41 C 11 | | .1 . 6 6.1 | 1 | | | |
| 3. | Place this RFQ in a sealed envelope and ty | pe the iollov | ving details or | i the face of the | envelope: | | | |
| | Your Company Name RFO No.: 2025-11-196 | | | | | | | |
| | PR No.: 2025-11-0196 | | | | | | | |
| | PHILGEPS Reference No.: N/A Delivery period must be at least within sev | on (7) estor | . don domo uno | un magaint of the | Notice of Among | 1 (indicated the | days of dalinom | |
| 4. | in the Bidder's Certicate) | en (7) calei | idar days upo | on receipt of the | Notice of Award | 1 (inaicatea trie i | uays of aewery | |
| 5. | Item/s delivered must have warranties for | unit replac | ements, parts | , labor or other | services; | | | |
| 6. | Price validity shall be for a period of three (| | C | 1 1 11 | 1.1. 4 | 1 D-1 - (C - (1 | | |
| 7. 8. | Quoted prices must be inclusive of taxes, a Transaction with City School Division of Tay | | | | | | | |
| 9. | Failure to comply with these conditions sha | | | | | are ora arra don | .019 | |
| | PLEASE QUOTE: PER LOT / PE | R ITEM | | SUPPLIER/C | ONTRACTOR/CO | NSULTANT'S P | ROPOSAL BOX | |
| ITEM | ITEM DESCRIPTION | QTY. | UNIT | | AL PROPOSAL TECHNICAL PROPOSAL | | | |
| NO. | (Item Name & Technical Specifications) est For Quotation for the Procurement of | Foods for t | he Adopt-A- | (Indicate th | e Price Offer) | (Inaicate Brai | nd/Model Offer) | |
| Schoo | 1 Program Review and Annual Planning Fo (Activity Request#AR-2025-D647) | | oordinators | Unit Price | Total Price | Yes | No | |
| | AM Snacks | 3-00012] | | | | | | |
| 1 | Mami with Egg, Spanish Bread and Water | 40 | pax | | | | | |
| | Lunch | | | | | | | |
| 2 | Rice, Steamed fish, Buttered | 40 | pax | | | | | |
| | Vegetable. Chicken Adobo and Mango Tapioca | | - | | | | | |
| | rapioca | | | | | | | |
| 3 | PM Snacks Pansit Habhab, Budin and Buko Juice | 40 | pax | | | | | |
| | Inclusion: Venue with Microphones, Sound System, White Screen, Service | | | | | | | |
| | Waiters and Buffer for 3 pax | | l | | | | | |
| | TOTAL | | 25 2225 | | | | | |
| | Date of Event | Novembe | er 27, 2025 | | | | | |
| | Purpose | | ient of Foods j oordinators | for the Adopt-A-l | School Program R | eview and Annı | ial Planning For | |
| SUPPL | JER/CONTRACTOR/CONSULTANTS CERT | IFICATION | <u>I</u> | | | | | |
| | Atter having carefully read and accepted your y and shipment which can be made in | | | quote you on the Notice of Awar | - | s noted above fo | or immediate | |
| | | ON | | | | | | |
| l | CANVASSER'S CERTIFICAT | | | | | | | |
| 1 | | | | | Signa | ture over Printe | d Name | |
| respon | This is to certify that I have full knowledge, au sibility in distributing and/or collecting the Re | thority and quest for Qu | | | | | | |
| respon (RFQ) i | This is to certify that I have full knowledge, au | thority and quest for Qu | | | | ture over Printe any Tel./Fax/Mo | | |





Authorized Representative



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

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

Date