



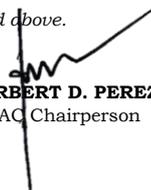
Republic of the Philippines
Department of Education
 REGION IV- A CALABARZON
 CITY SCHOOLS DIVISION OF CITY OF TAYABAS

REQUEST FOR QUOTATION (RFQ)

Name of Company	Date: February 03, 2026
	RFQ No.: 2026-02-008
	PR No.: 2026-02-0008
Complete Company Address	ABC: ₱ 48,000.00
	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 **February 12, 2026** at **9:00 am** to the address listed above.


HERBERT D. PEREZ
 BAC Chairperson

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.: 2026-02-008
PR No.: 2026-02-0008
PHILGEPS Reference No.: N/A
4. Delivery period must be at least within 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 (ABC);
8. Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery requirements
9. 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)		
Request For Quotation for the Procurement of Advocacy Shirt to be used during the Conduct of School-Based Feeding Program (SBFP) Implementation Review and Planning Workshop Programs				Unit Price	Total Price	Yes	No	Offered Brand/Model
1	Advocacy Polo Shirt - Customized Full Sublimation - Pattern: Graphic Print -Clothing Material: Polyester/Spandex -Thickness: Standard -Neckline: Polo Collar -Sleeves Type: Short Sleeve -Top Fit Style: Regular -Fashion Style: Casual	80	piece					
TOTAL								
Date of Event		February 27, 2026						
Purpose		Procurement of Advocacy Shirt to be used during the Conduct of School-Based Feeding Program (SBFP) Implementation Review and Planning Workshop Programs						



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 / 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 Advocacy Shirt to be used during the Conduct of School-Based Feeding Program (SBFP) Implementation Review and Planning Workshop Programs				Unit Price	Total Price	Yes	No	Offered Brand/Model

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
<p>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.</p> <p>_____</p> <p>Authorized Representative</p>

_____	Signature over Printed Name
_____	Company Tel./Fax/Mobile No.
_____	Company Tax Identification No. (TIN)
_____	Date



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