



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: <u>March 24, 2026</u>
	RFQ No.: <u>2026-03-043</u>
	PR No.: <u>2026-03-0043</u>
Complete Company Address	ABC: <u>₱ 35,000.00</u>
	PHILGEPS Ref. No.: <u>N/A</u>

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 March 26, 2026 at 9:00 am to the address listed above.

HERBERT D. PEREZ
BAC Chairperson

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.: 2026-03-043
PR No.: 2026-03-0043
PHILGEPS Reference No.: N/A
- 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)
- 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 (ABC);
- Transaction with City School Division of Tayabas shall mean compliance by the winning bidder with the bid and delivery requirements
- 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)		
				Unit Price	Total Price	Yes	No	Offered Brand/Model
Request For Quotation for the Procurement of Foods for the Conduct of Orientation of Child and Adolescent Risk Screening to School Guidance Designate								
1	Batch 1 Day 1 AM Snacks Pancit Canton with Sotanghon, 2 pcs puto, Juice in can	50	pax					
2	Day 1 Lunch Baby Back Ribs, Fried Chicken, Chopsuey, Nido Soup, Rice, Coffee Jelly Bottled Water	50	pax					
3	Day 1 PM Snacks Clubhouse sandwich with fries, Juice in can	50	pax					
4	Inclusions: with air condition venue that can accommodate up to 55pax, with LCD projector and white screen, with sound system & mic, with overflowing coffee and water, buffer for 3pax, Token for 3 Resource Speaker							
TOTAL								
Date of Event			May 2026 (subject to changes on the actual date of conduct of the activity)					
Purpose			Procurement of Foods for the Conduct of Orientation of Child and Adolescent Risk Screening to School Guidance Designate					



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)		
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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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