



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>April 13, 2026</u>
	RFQ No.: <u>2026-04-050</u>
	PR No.: <u>2026-04-0050</u>
Complete Company Address	ABC: <u>₱ 16,700.00</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 April 23, 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.: 2026-04-050
PR No.: 2026-04-0050
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 Fluoride Varnish and Non-Woven Gauze for the Implementation of Medical, Dental and Nursing Services (MDNS)				Unit Price	Total Price	Yes	No	Offered Brand/Model
1	Fluoride Varnish •5% Sodium Fluoride: 50mg/ml •22,600 ppm •10 ml Dental Suspension •Format: 10ml tube •Color: Yellow colored Tinted Varnish •Flavor: Raspberry •With Clinical Evidence to reduce and prevent dental caries	7	tube					
2	Non-woven gauze 200 pcs/pack Dimensions and Specifications - Size: 2x2 inches - Ply: 4-ply for enhanced laborbency -Material: High-quality non-woven fabric -Quantity: 200 sponges per pack -Sterility: Non-sterile, suitable (for various clinical applications	6	pack					
TOTAL								
Date of Event			N/A					
Purpose			Procurement of Fluoride Varnish and Non-Woven Gauze for the Implementation of Medical, Dental and Nursing Services (MDNS)					



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 Flouride Varnish and Non-Woven Gauze for the Implementation of Medical, Dental and Nursing Services (MDNS)			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

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