



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY

Name of Procuring Entity: **EL SALVADOR CITY DIVISION** Request for Quotation (P.R. No.): **2024-09-131**

Revised on: _____ Date: _____ Control No: **2024-09-0113**

Standard Form/Title: **REQUEST FOR QUOTATION** End-User: **El Salvador City Division**

COMPANY NAME: _____

ADDRESS: _____

TEL NO./FAX NO.: _____ **TIN No.** _____

Please quote your lowest price for the package described below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than **9:00 A.M.** of _____ in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. **Business Permit and PhilGEPS Registration Certificate** shall be attached upon submission of the quotation. For the procurement of Medicines if the interested supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/ dealer of the products/items.
3. Bidders shall submit original brochures showing certifications of the package, if applicable
4. Agency may proceed with procurement upon receipt of three (3) quotation.
5. Free delivery.


CONNIEBEL C. NISTAL, Ph.D.

BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT COST	PRICE QUOTATION
1	Meal and Snacks (with Venue)	95	Pax	600.00	
	TOTAL ABC: Php. P57,000.00				TOTAL QUOTATION:

**refer to Technical Specifications for details (please see attached)*

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above.

Printed Name / Signature

Date