



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.): 2024-10-141		
Revised on:	Date:	Control No: 2024-10-0123
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:

All entries must be typewritten or legibly written.
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.
 Bidders shall submit original brochures showing certifications of the package, if applicable
 Agency may proceed with procurement upon receipt of three (3) quotation.

CONNIEBEL C. NISTAL, Ph.D.
 BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT COST	PRICE QUOTATION
1	October 28, 2024 AM Snacks (142) & PM Snacks (142)	284	Pax		
2	October 29, 2024 AM Snacks (183) & PM Snacks (112)	295	Pax		
3	October 30, 2024 AM Snacks (106) & PM Snacks (101)	207	Pax		
4	October 31, 2024 AM Snacks (76) & PM Snacks (89)	165	Pax		
TOTAL ABC: Php. 95,100.00			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 _____



Address: Zone 3, Poblacion, El Salvador City | Tel No: (088) 555-0475
 Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph