

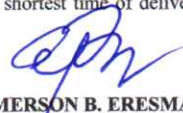
Republic of the Philippines
Department of Education
Region V
Schools Division of Sorsogon
Balogo Sports Complex, Balogo, Sorsogon City, Sorsogon

REQUEST FOR QUOTATION

Date: _____
Quotation No.: 2024-12-589

Business Name: _____
Address: _____
Owner: _____
TIN (Indicate if VAT or Not) _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.


EMERSON B. ERESMAS
Head Teacher VI
BAC Chairman

Note: 1. DELIVERY PERIOD WITHIN TEN (10) CALENDAR DAYS
2. MINIMUM WARRANTY PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCUREMENT ENTITY.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS.
4. **PHILGEPS REGISTRATION CERTIFICATE** (for ABOVE 50,000.00) , **MAYORS PERMIT**, **DTI Registration**, **Latest Income Tax Return** and **Omnibus Sworn Statement** SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.

Please Check:

____ **PhilGEPS Registration Certificate** ____ **Income Tax Return**
____ **DTI Certificate** ____ **Omnibus Sworn Statement**
____ **Mayors Permit**

5. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.

Item No.	Item & Description	Unit	Qty	ABC		Quotation	
				Unit Cost	Total	Unit Price	Total
1	Gift Check worth P 500.00	piece	250		-		
					-		
					-		
					-		
Total :			250	-	-		

Brand and Model (if applicable): _____
Delivery period : _____
Warranty : _____
Price Validity : _____

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

Printed Name / Signature

Tel. No. / Cellphone No. / Email Address

Date


SUSAN E. ESCANILLA

Authorized Canvasser (Name/Signature)

Tel. No. / Cellphone No. / Email Address