139528

Republic of the Philippines
# Department of Education
REGION I
SCHOOLS DIVISION OF ILOCOS NORTE

## REQUEST FOR QUOTATION

Date: November 4, 2020

To: _____ RFQ No.: 161

I. Please quote your lowest price inclusive of VAT on the item(s) listed below, subject to the Terms and Conditions of this RFQ. Submit or send your quotation(s), duly signed by you or your representative inside an envelope to the Bids and Awards Committee or its secretariat on or before November 9, 2020, 8:00am at DepED Schools Division of Ilocos Norte, Brgy. 7-B Giron St., Laoag City care of BAC Secretariat. Please write your business name and your contact number in your envelope. Quotation that exceeds the approved budget for the contract (ABC) per item/lot shall be rejected. Evaluation and awards shall be done on a per item/per lot basis. For more information please call us at Tel. No. (077)771-0960 care of BAC secretariat. Prospective suppliers shall be responsible to verify herein items from SDO Ilocos Norte care of BAC Secretariat at Tel. No. (077)771-0960.

**JOYE D. MADALIPAY EdD**
**BAC Chairperson**

**II. Particulars:**

| Item/ Lot No. | ITEM AND DESCRIPTION/ Technical Specifications | ABC | QTY | Unit | Brand and Model No. | Unit Price | TOTAL |
|---|---|---|---|---|---|---|---|
| 1 | Disinfectant Solution (Bleach), 1 gallon | | 135 | gallon | | | |
| 2 | Alcohol, 1 gallon | | 120 | gallon | | | |
| 3 | Surgical Mask, 3 ply | | 15 | box | | | |
| | TOTAL ABC | 117,765.00 | | | | | |

Checked: ARTHUR M. LLAGUNO, BAC Member; CAROLINE P. CALILI, BAC Member; ROSALINDA P. SALMASAN, BAC Member

Purpose: MATERIALS IN ENSURING HEALTH PROTOCOLS AT SDOIN DURING COVID-19 PANDEMIC (4TH QUARTER)

Delivery Date/Period of Delivery: **15 calendar days upon receipt of PO**

Price Validity: _____
Delivered to: DepED Schools Division of Ilocos Norte

*This is to submit our price quotations as indicated above subject to the terms and conditions of this RFQ.*

| Supplier's Business Name: | TIN No.: | PhilGEPS No.: |
|---|---|---|
| | | |

Address:
E-mail: Tel/CP No.:
Fax No. Date:

Received by: _____

Supplier's Authorize Representative Signature over Printed Name

BAC161



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