



42524-733119

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

REQUEST FOR QUOTATION

Date: June 28, 2024
RFQ No.: 137

To: _____

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 July 2, 2024 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 lot** shall be rejected. Evaluation and awards shall be done on a **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.

JO EULIE MEI T. DOMINGO EdD
BAC Chairperson

II. Particulars:

Item/ Lot No.	ITEM AND DESCRIPTION/ Technical Specifications	ABC	QTY	Unit	Brand and Model No.	Unit Price	TOTAL
	A4 Bond Paper S. 20		15	ream			
	A4 Board Paper (White) 180-200 gsm		50	pack			
	A4 Certificate Jacket		200	piece			
	Epson Ink Refill (Black) 003		4	bottle			
	Epson Ink Refill (Cyan) 003		4	bottle			
	Epson Ink Refill (magenta) 003		4	bottle			
	Epson Ink Refill (yellow) 003		4	bottle			
	High quality banner standee roll up (2.75 x 6ft)		20	piece			
	Sodium hydroxide Pelletes 1 kg		10	pack			
TOTAL ABC			67,500.00				

Checked: _____ BAC Member _____ BAC Member _____ BAC Member _____ TWG Member _____

Purpose: MATERIALS FOR THE CONDUCT OF SCIKLAB BOOT CAMP: MASTERING THE ART OF SCIENTIFIC INQUIRY AND LABORATORY DEMONSTRATION

Delivery Date/Period of Delivery: **15 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: _____

Supplier's Authorize Representative Signature over Printed _____ Received by: _____