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

52924-990688

REQUEST FOR QUOTATION

Date: June 28, 2024

To: _____ RFQ No.: 138

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
	Albendazole 400mg chewable tablet x 100's		100	box			
	TOTAL ABC	57,600.00					

Checked: BAC Member, BAC Member, BAC Member, BAC Member, TWG Member

Purpose: DEWORMING MEDICINES FOR SBFP SY 2024-2025

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 Name

Received by: _____