



52824-747585

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

REQUEST FOR QUOTATION

Date: June 28, 2024

RFQ No.: 140

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
1	A4 size diploma and certificate holder		1,350	pieces			
2	80 gsm A4 certificate diploma/parchment paper (100 pcs per pack)		20	pack			
TOTAL ABC			87,000.00				
Checked:	<input type="checkbox"/> BAC Member <input type="checkbox"/> BAC Member <input type="checkbox"/> BAC Member <input type="checkbox"/> TWG Member						
Purpose:	MATERIALS FOR THE ALS COMMENCEMENT EXERCISES OF SY 2023-2024 CUM ALS ADVOCACY PROGRAM						
Delivery Date/Period of Delivery:	15 upon receipt of PO						
Price Validity:	_____						
Delivered to:	DepED Schools Division of Ilocos Norte						
<i>This is to submit our price quotations as indicated above subject to the terms and conditions of this RFQ.</i>							
Supplier's Business Name:		TIN No.:		PhilGEPS No.:			
_____		_____		_____			
Address:	_____						
E-mail:	_____						
Fax No.:	_____						
Supplier's Authorize Representative Signature over Printed		Received by: _____					



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