

## Department of Coucation CORDILLERA ADMINISTRATIVE REGION

## SCHOOLS DIVISION OF TABUK CITY



BCS Compound, Purok 2, Bulanao Norte, Tabuk City, Kalinga

## REQUEST FOR QUOTATION

Suppliers Name:			DEADLINE OF SUBMISSION:  JUL 7 0 2021		
		-		002 [ 0	6-32 0X360
				RFQ No.:	21-102
				MOP	SVP
				Contact No.:	09560767069
C:-/ba	1			Contact Person:	Welda Liezl Buslig
Sir/Mad			7.72		
	Please quote at your government price (including VAT) and st It will be appreciated if we can have you				
before th	ne deadline stated. Your quotations shall be subjected to the Ge				ible on or
	shall provide correct and accurate information required in this form. All en ve blank entries, put N/A for not applicable.	tries must b	e typewritten or	in print and prope	rly accomplished.
3. Bidders un-amende 4. Quotatio 5. Quotatio 6. Erasures	totation/s to be denominated in Philippine Peso shall indicate all taxes, dution must indicate BRAND and MODEL NUMBER for equipment and its accessor ed sale literature, unconditional statement of specification and compliance on through fax/email is acceptable. Winning bidder shall submit original signons exceeding the Approved Budget for Contract shall be rejected/disqualifications made in the RFQ should be counter signed. entary requirements shall be attached upon submission of the quotation. (So	ies or periph issued by th gned RFQ be ied.	erals. Evidence e manufacturer fore issuance of list of requireme	and sample. Purchase Order (P.	o.).
			FEL	BAC Chairpers	
Item No.		Unit	Qty.	Unit Price	Total
1	Upgrading of Electrical System at Bulanao East Annex-Greenhills PS	Lot	1		
273-101-27-24hi	2000-200				
77.1 11 2001	Submit this RFQ with your quotation in the Bill of Quantities & Detailed Estimates				
					-
					+
		ABC:	184,946.58	TOTAL:	
1. Deliver 2. Award of stated her 3. DepEd 4. The aw 5. Others:	Tabuk City reserves the right to reject any or all offers as may be advaland shall be by (by line item, by total bid price)  ing carefully read and accepted your General Conditions, I/We quote Business/Company Name: inted Name & Signature of Dealer/Authorized Rep.:	ntageous to	the Office.	es noted above	ms and condition
	Business address:				_
	Contact No.:	1,4			V
	Email Address:	155011 15401 186			2