Republic of the philippines
DEPARTMENT OF EDUCATION
DIVISION OF ILIGAN CITY
Gen. Aguinaldo St., Iligan City

REQUEST FOR QUOTATION/ CANVASS

Date: March 30, 2023
P.R. No. : 2023-03-0043

Company Name : ______________________________
Address: ______________________________

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 DAYS in the return envelope attached herewith:

ATTY. REY B. ROMEROSA
BAC Chairperson
Attorney III

Note : 1. All entries must be typewritten.
2. Delivery Period within ____10____ calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
6. Mode of delivery: [ ] Pick-up (Schedule) [ ] Door to Door Delivery
7. The documents listed below shall be attached upon submission of the Quotation:
a. PhilGEPS REGISTRATION # / Certificate;
b. Valid Mayor's Permit;
c. Omnibus Sworn Statement;

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	Ceiling Price Per Unit	Supplier's Offer (state brand, model, make and specifications)	Unit Price	TOTAL AMOUNT
1		Meals and Snacks					
		Day 1					
	pax	AM Snacks	34	100.00			
	pax	Lunch	34	400.00			
	pax	PM Snacks	34	100.00			
		Day 2					
	pax	AM Snacks	34	100.00			
	pax	Lunch	34	400.00			
	pax	PM Snacks	34	100.00			
		Day 3					
	pax	AM Snacks	34	100.00			
	pax	Lunch	34	400.00			
	pax	PM Snacks	34	100.00			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
		Supply and Delivery of Meals and Snacks for the 2023 CID Strategic Planning Workshop Titled"Empowering Education Leaders: Strategic Planning Training for DepEd Iligan City Division Supervisors"					

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above.

Canvassed By:

____
Authorized Canvasser

____
Printed Name / Signature

____
Tel. No. / Cellphone No.

____
TIN No. of Establishment

CID Aron
End-User

____
Date