

Republic of the Philippines Bepartment of Education

REGION XII SCHOOLS DIVISION OF SOUTH COTABATO

Date:

August 7, 2020

RFQ No.:

DSC-20-08-150

Mode of Procurement:

NP-SVP

Request for Quotation (RFQ)

I. Please quote your lowest price inclusive of VAT on the item(s) listed below, subject to the Terms and Conditions
of this RFQ. Submission of this duly signed quotation with your eligibilty documents is not later than 10:00 a.m.
at Bids and Awards Committee Office (BAC), DepEd South Cotabato Division, Alunan Ave.,
Koronadal City. Open quotation may be submitted, manually or through facsimile-083 228 9224 or email at
bac.southcotabato@deped.gov.ph. Quotation that exceeds the approved budget for the contract (ABC) (per
item/per lot) shall be rejected. Evaluation and award shall be done on a (per item/per lot) basis. For more
information please call us at Telephone Nos.: (083) 228-9224, c/o Ms. Mary Jane C. Sunga, BAC-Secretaria
Chairperson. Prospective supplier shall be responsible to verify herein items from DepEd So. Cot. Division,
Property and Supply Unit c/o Mr. Ray O. Lloren, Administrative Officer IV - Supply Officer at Telephone No. (083)
228-5269.

LALAINE SJ. MANUNTAG, Ph.D Chairperson, BAC-AMP

Instructions:

- 1. Accomplish this RFQ correctly and accurately.
- 2. Do not alter the contents of this form in any way.
- 3 Technical Specifications with asterisks (*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 4. Failure to follow these instructions wil disqualify your entire quotation.

Legend:

* Mandatory Requirements. Failure to comply with any of the mandatory requirements will disqualify your quotation.

II. Particulars

Lot/Item No.	Item Description / Technical Specification	Approved Budget for the Contract (ABC) in Php.	Quantity	Unit of Issue	Unit price	Brand/ Model	TOTAL PRICE in Pesos (Qty x Unit Price)
1	Transportation Rental (Van)	68,000.00	1	Lot			
	on the following dates:	(4,000/unit)					
	August 19, 2020		1	unit			
	Lamba CES						
	Lambingi ES						
	Lampari ES						
	San Jose ES						
	August 20, 2020		1	unit			
	Purok Reyes CES						
	El Nonok IS						
	Banga CES						
	Banga NHS						

August 25, 2020 1 New Antiqyue ES	unit		
	umi		
Central CES			
Shru-Visaya ES			
Surallah CES			
September 2, 2020 1	unit		
Maan ES			
Maan HS			
Motokling ES			
September 14, 2020 1	unit		
Panay ES			
Sto. Niño CES			
Sto. Niño NHS			
Sara ES			
State BS			
September 17, 2020 1	unit	1.	
Polonoling NHS	umi		
Polonuling CES			
Bunao ES			
Acmonam ES			
September 25, 2020 1	unit		
Basag NHS			
Pandian ES			
Glungga ES			
Diata ES			
October 2,2020 1	unit		
Dole Cannery CES	dille		
Polo ES			
Crossing Palkan ES			
Crossing Palkan ES			:
Polomolok NHS			
October 8, 2020 1	unit		
Lamian CES			
Naci IS			
Lambontong ES			
Lamsugod ES			
Lamian NHS			
October 14, 2020 1	unit		
Silway 8 ES	dille		
Silway 8 NHS			
Pagalungan ES			
Jose Natividad ES			
0.11.00.0000			
October 20, 2020 1	unit		
New Dumangas ES			
Laconon IS			
Laconon NHS			
October 29-30, 2020 1	unit		
Blit ES			
Antual ES			
Block 3 ES			
DIOCK O EX			
Westernham 2, 2000	numit .		
November 3, 2020 1	unit		
Tampakan CES			
Tampakan NHS			
Liberty ES			
Liberty NHS			
November 19, 2020 1	unit		
Lake Sebu CES			
Lake Sluton IS			
Lamlahak ES			
Damianak r.a	1		
			l .
Lemlunay ES			

	November 26, 2020		1				
	Tbolok ES		1	unit			
	Afus ES						
	Desawa ES						
	December 2, 2020		-				
			1	unit			
	Tantangan CES San Felipe IS						
	New Lambunao IS						
	Tacob IS						
	1800 15						
	December 11, 2020		1				
	Lambangan IS		1	unit			
	Datal Bob ES						
	Malugong CES						
	Aflek NHS						
	X-X-X-X-X-X-X						
For Sch	ool Dental Health Care Program (SDHCP) and	l OK sa DepEd	Program				
THE RESERVE THE PERSON NAMED IN	AMOUNT IN FIGURES:		- rogram				
Contract of the last of the la							
TOTAL	AMOUNT IN WORDS:						
This is	acceptance by the procuring entite ent Term: 15 Days to submit our price quotations as indicate er's Business Name:	ted above sub	ject to th	e terms and	d conditions of	f this RFQ.	
Addres	ss:				TIN		
Tel. No	o.:	Fax No.:			E-Mail_		
Supplie	er's signature over printed name:				Date		
Canvas	ser: <u>IRA KEVIN H. OREGANO</u>						
NOTE:	Please attach the following eligibilit	ty requireme	ents upo	n submiss	ion of quotat	ion.	
	PhilGeps Registration No.:				(for Cooperative		
		3	97	_	-	,	
2	2 Mayor's Permit/Business Permit7 Certificate of Compliance/Good Standing (for Cooperatives)						
	3 DTI (if sole proprietorship)8 Omnibus Sworn Statement (for lowest bidder for NP-SVP Income & Business Tax Returns (for ABCs with ABCs above 50k and Emergency Cases with ABCs above 500k)4 above 500K)						
5 B	IR Certificate of Registration (BIR Form 2303)						
12_	34567						