



Republic of the Philippines
Department of Education
 REGION VI - WESTERN VISAYAS
SCHOOLS DIVISION OF SILAY CITY

BIDS AND AWARDS COMMITTEE

Request for Quotation (RFQ)

To all Eligible Suppliers:

- I. Please quote your lowest price inclusive of VAT on item/s listed below, subject to the Terms and Conditions of this RFQ and submit your quotation duly signed by your representative not later than 10/22/2020 at the **Office of the Bids and Awards Committee, Division of Silay City, City of Silay**. For more information please call at telephone nos. 4584406 / 4417153. Prospective supplier shall be responsible to verify the quoted goods /items from herein stated office thru said telephone numbers. Price quotations in excess of the herein-stated budget shall be rejected.


ROWENA B. CALIMPONG, EdD, CESE
 BAC Chairperson

II. **PARTICULARS**

ABC in Php	Item No.	Quantity	Unit	AGENCY SPECIFICATION	BIDDER SPECIFICATION	BRAND OFFERED	Unit Price	Total Price
				Supplying and delivery of various supplies and materials for state of Public Health Emergency due to COVID 19				
57,600.00				LOT 1				
	1	25	gallon	Alcohol 70%				
	2	20	gallon	Sodium HCL				
	3	10	gallon	Liquid Handsoap				
	4	23	pack	Paper Towel (2 ply interfold, 250 pulls)				
	5	15	pack	Toilet Paper (2 ply, 24 rolls, 400 sheet)				
	6	3	bottle	Disinfectant Pressure Sprayer Bottle (3 liters)				
	7	25	box	Disposable face mask-earloop (3 ply 50's)				
				LOT 2				
6,000.00	1	4	pcs	Foot Bath (24x18) aluminum tray with coil mat				
				-----nothing follows-----				
PR NO. 2020-09-154 dated September 22, 2020, ABC Php 63,600.00 for providing responsive, effective, and efficient steps in addressing the requirements in responding to COVID 19								

For interested bidders, please submit the following documents together with your quotation: 1) Valid and Current Mayor's Permit (2017); 2) Income/ Business Tax Return; 3) Valid and Current PhilGEPS Registration Certificate/Number; 4) Professional License/ Curriculum Vitae (Consulting Services); 5) PCAB for Infra and, 6) Omnibus Sworn Statement.

Canvassed by: _____

Supplier's Company Name:			
Address:			
Tin NO.:		PhilGEPS Registration Number	
Telephone No.:		Fax No.:	E-mail:
Supplier's Authorized Representative Signature over Printed Name:			Date:

