



Republic of the Philippines  
**Department of Education**  
REGION IX - ZAMBOANGA PENINSULA  
SCHOOLS DIVISION OF DIPOLOG CITY

## **REQUEST FOR QUOTATION**

|                          |                              |                  |                  |
|--------------------------|------------------------------|------------------|------------------|
| Date: June 25, 2026      | RFQ No.: 26-06-085           | PR No: 26-06-138 | ABC: P 44,580.00 |
| Name of Establishment: * |                              |                  |                  |
| Business Permit No.: *   | PhilGEPS Registration No.: * | TIN: *           |                  |

The DepEd Dipolog City Schools Division, through its Bids and Awards Committee (BAC), intends to procure **Medical Supplies**.

Qualified bidders of known qualifications are invited to submit their quotation/proposal, duly signed by you or your duly authorized representative not later than **June 29, 2026 9:00 AM** subject to the Terms and Conditions provided in this RFQ.

Prospective bidders who will submit a proposal with the lowest calculated and responsive offer shall be selected. A copy of your **Mayor's/Business Permit and Income/Business Tax Return** is also required to be submitted along with your quotation/proposal if such records or documents have not been submitted to the SDO Supply Office. Open quotations may be submitted, manually or through email with attached scanned and accomplished RFQ at [rizzamae\\_lorilla@deped.gov.ph](mailto:rizzamae_lorilla@deped.gov.ph) For clarification, you may also contact The BAC Secretariat on mobile nos. **09562306201**.

  
**ROSALIO B. CONTURNO, JR., PhD**  
BAC Chairperson

### **INSTRUCTIONS TO BIDDERS:**

1. Accomplish the RFQ Form correctly and accurately.
2. Do not add to, alter or modify the contents of this form in any way.
3. Technical specifications with an asterisk (\*) are mandatory.
4. Failure to comply with any of the mandatory requirements will disqualify your quotation.
5. Failure to follow these instructions will disqualify your entire quotation.

### **Terms and Conditions:**

1. Bidders shall provide correct and accurate information required of them.
2. Bidders may quote for any or all of the items.
3. Price quotation must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation denominated in Philippine peso shall include all taxes, duties and or levies payable.
5. Award of contract shall be made to the lowest quotation which complies with the minimum technical specifications and other terms and conditions stated therein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.
7. The item(s) shall be delivered according to the requirements in the technical specifications.
8. The SDO Dipolog City reserves the right to inspect and/or to test the goods to confirm their conformity to the specifications required.
9. In case of two or more bidders which submitted the lowest calculated and responsive quotation, SDO Dipolog City shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
10. Liquidated damages equivalent to one-tenth (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The SDO Dipolog City shall rescind the contract once the cumulative amount of liquidated damage reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Form 08, OSDS-BAC-01, Rev.2, effective 09/19/24



Address: Government Center, Sta. Isabel, Dipolog City  
Email: [dipolog.city@deped.gov.ph](mailto:dipolog.city@deped.gov.ph)  
Website: [www.depeddipolog.com](http://www.depeddipolog.com)  
Facebook: DepEd - Schools Division of Dipolog City

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

| QTY                      | UNIT | TECHNICAL SPECIFICATIONS                                                                   | OFFERED PRICE PER PIECE | TOTAL OFFERED QUOTATION |
|--------------------------|------|--------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| (A)                      |      |                                                                                            | (B)                     | (A x B)                 |
| 60                       | box  | Disposable non-woven, 3 ply surgical Face Mask with elastic ear loop FDA approved (50/box) |                         |                         |
| 116                      | bot  | Alcohol 1 L (70% Isopropyl) 5 in 1 pump                                                    |                         |                         |
|                          |      | <b>***Nothing Follows****</b>                                                              |                         |                         |
| TOTAL AMOUNT IN WORDS:   |      |                                                                                            |                         |                         |
| TOTAL AMOUNT IN FIGURES: |      |                                                                                            |                         |                         |

| AVAILABILITY / DELIVERY SCHEDULE                                                                                                             | YES | NO | REMARKS |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>Availability and Quantity of Stocks</b><br><i>Indicate the number (volume) or quantity and unit of stocks required (Please check box)</i> |     |    |         |
| Delivery: Must be delivered within seven (7) working days upon approval of the sample/upon receipt of Purchase Order/ UPON NOTIFICATION      |     |    |         |

Signature over Printed Name

Position/Designation in the Establishment

Contact Number/s

Date Accomplished