Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Central Visayas
DIVISION OF BOHOL
City of Tagbilaran

REQUEST FOR QUOTATION

RFQ NO.:	2020-10-012241
DATE:	10-27-20

Name of Company: _____
Address: _____
Business Permit No. _____
TIN No. _____

Please quote your best offer for the item described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation.

Submit your quotation duly signed by you or your duly representative and copies of the following eligibility requirements not later than _____.

1. DTI/SEC Registration
2. Business Permit
3. Latest Annual Income Tax/EFPS
4. Certificate of PhilGEPS Registration
5. Other Supporting Documents

Sealed Quotations may be submitted or mailed at DepEd-Division Office, Division of Bohol, CPG Avenue, Tagbilaran City.

MARINA S. SALAMANCA
BAC Chairperson

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

Item/Description	QTY	Unit	Approved Budget for the Contract	OFFER					REMARKS
				PRICE			Compliance with Technical Specifications (Please Check)		
				QTY	Unit Price	Total Price	Yes	No	
Procurement of Dental Service Medicines and Supplies for the 4th Quarter of 2020.									
Tooth Model	18	piece	72,000.00						
Disposable Face Mask (KN95)	54	box	27,000.00						
Disposable Gloves (Medium)	18	box	6,300.00						
Disposable Gloves (Large)	36	box	12,600.00						
70% Ethyl Alcohol 500ml	54	bottle	8,100.00						
Tool Box 56cm/22" 56.5x31.5x28.5	9	box	31,500.00						
Face Shield	18	piece	1,800.00						
TOTAL			**159,300.00**						
X-X-X-X-X-X-X-X-X-X									

Purpose: For use in the Dental Service Section of DepEd Division of Bohol

_____
(Signature Over Printed Name)