

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-11-012274 *gr*
 DATE: 11-10-20

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 | | | | | | |
|--|-----|------|----------------------------------|-------|------------|-------------|---|----|---------|--|
| | | | | PRICE | | | Compliance with Technical Specifications (Please Check) | | REMARKS | |
| | | | | QTY | Unit Price | Total Price | Yes | No | | |
| Procurement of Refrigerator Unit for Health and Wellness Program of the School Health and Nutrition Section. | | | | | | | | | | |
| 1 Door Refrigerator 3.3 cu. ft. Direct Cooling Inverter | 1 | unit | 14,999.00 | | | | | | | |
| X-X-X-X-X-X-X-X-X | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Purpose: For use in Health and Wellness Program of the School Health and Nutrition Section. | | | | | | | | | | |

 (Signature Over Printed Name)