

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

**REQUEST FOR QUOTATION**

RFQ NO.: 2020-11-11262  
 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					REMARKS
				PRICE			Compliance with Technical Specifications (Please Check)		
				QTY	Unit Price	Total Price	Yes	No	
Dental Service Medicines and Supplies for the 4 <sup>th</sup> Quarter of 2020.									
Tooth Model	18	piece	72,000.00						
Disposable Face Mask (KN95)	54	box	37,800.00						
Disposable Gloves (Medium)	36	box	24,300.00						
Disposable Gloves (Large)	18	box	12,150.00						
70% Ethyl Alcohol 500ml	54	bottle	8,640.00						
Face Shield	18	piece	1,800.00						
Tool Box 56cm/22" 56.5x31.5x28.5	9	box	33,750.00						
<b>TOTAL</b>			<b>190,440.00</b>						
x-x-x-x-x-x-x-x									

**Purpose:** For use in the 4th Quarter of 2020 of DepEd Bohol Medical Section.

\_\_\_\_\_  
 (Signature Over Printed Name)