

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-11-11264
 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	
Procurement of Medical Equipment and Supplies for the School Dental Health Care Program Implementation									
Cotton Balls, 300 balls per pack/ 20 packs per case	48	case	96,900.00						
Cotton Holder (Clear glass with stainless cover)	48	piece	24,000.00						
Hot Pack	48	piece	7,200.00						
Cold Pack	48	piece	7,200.00						
BP Apparatus (Digital) Adult	48	piece	144,000.00						
BP Apparatus (Digital) Pedia	48	piece	120,000.00						
Dissecting Set 16 Instruments	48	piece	48,000.00						
Nebulizer	48	piece	144,000.00						
Nebulizing Kit (Adult)	48	piece	4,800.00						
Nebulizing Kit (Pedia)	48	piece	4,800.00						
Kidney Basin	48	piece	7,200.00						
Penlight	48	piece	14,400.00						
Pulse Oxymeter	48	piece	48,000.00						
Tuning Fork	48	piece	12,000.00						
Glucometer with strips	48	piece	168,000.00						
Antimicrobial Disinfecting Solution	48	gallon	120,000.00						
TOTAL			969,600.00						
x-x-x-x-x-x-x-x-x									

Purpose: For the School Dental Health Care Program Implementation.

 (Signature Over Printed Name)