

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-11-12270
 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		
Medical Supplies (Medical Service) for the 4 th Quarter of 2020.										
Surgical Disposable 3-ply Face Mask	60	box/50	24,000.00							
Nitrile Powder free Disposable Examination Gloves, Large	60	box/100	39,000.00							
Interfolded Paper Towel, 150 sheets, 200mmx200mm	20	piece	1,100.00							
Ethyl Alcohol 70%, 1 liter	12	bottle	2,400.00							
Coverall Suit, Washable, Free size	38	set	30,400.00							
Losartan 500 mg tablet	5	box/30	1,500.00							
Metformin 500 mg tablet	5	box/30	1,500.00							
Sodium Ascorbate with Zinc	20	box/100	16,000.00							
TOTAL										
x-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)