

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

**REQUEST FOR QUOTATION**

RFQ NO.: 2020-11-12327  
 DATE: 11-24-20

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	
<b>Dental Supplies for the School Dental Health Care Program Implementation</b>									
Anti Cavity Protection Fluoride Toothpaste 4 x 145ml (For SDO Personnel)	282	tube	197,400.00						
Slimsoft Charcoal infused bristles Toothbrush - Set of 3 (For SDO Personnel)	282	pack	83,190.00						
Antibacterial liquid hand soap with pump dispenser 500ml (For SDO Personnel)	282	pack	98,700.00						
Antibacterial Hand Sanitizer 500ml in pump dispenser, hypoallergenic(SDO Personnel)	282	bottle	141,000.00						
<b>TOTAL</b>			<b>520,290.00</b>						
X-X-X-X-X-X-X-X									

**Purpose:** For use in School Health Care Program Implementation.

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