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

REQUEST FOR QUOTATION

| | | RFQ NO.: | 2020-11-12255 |
|--|--|--------------------|------------------------------|
| | | DATE: | 11-05-20 |
| Name of Company: | Terms and Conditions | | |
| Address: | | | |
| Business Permit No. | | | |
| TIN No. | ni begiune i noitempatal eterupae i | ins Ineman above | Fullifore shall or |
| the dorsal portion of this request for Submit your quotation duly | er for the item described below, subject of quotation. y signed by you or your duly represer the signed below, subject to the signed by you or your duly represent the signed below. | ntative and copies | of the following eligibility |
| 1. DTI/SEC Registration 2. Business Permit | overwriting shall be valid only if | | |
| Certificate of PhilGEPS | Tax/EFPS a social base each and a Significant Community of the Community o | | |
| 5. Other Supporting Docu | ments a losquari of their extrevel | | noipegani eriT *.8 |
| Sealed Quotations may be sub Tagbilaran City. | mitted or mailed at DepEd-Division | Office, Division | |

After having carefully read and accepted the Terms and Conditions, I/we submit your quotation/s for the item/s as follows:

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| Item/Description | QTY Unit | Unit | Approved | OFFER | | | | | |
|---|----------|----------------------------|------------|------------|--|---|---------|--|--|
| | | Budget for the Contract | PRICE | | Compliance with Technical Specifications (Please Check) | | REMARKS | | |
| | | | QTY | Unit Price | Total Price | Yes | No | | |
| Food and Accommodation for the Finalization of Science Modules for Quarters 2-4 on December 15-17, 2020. | | | | | | Page 11 (10 (10 (10 (10 (10 (10 (10 (10 (10 | | | |
| Pre-Work Planning | 15 | pax | 9,750.00 | | | | | | |
| Implementation (3 days) | 40 | pax | 168,000.00 | | | | | | |
| TOTAL | | | 177,750.00 | | | | | | |
| X-X-X-X-X-X-X-X-X-X | | | | | | | | | |
| Note: Only the actual number of participants who registered shall be paid. | | | | | | | | | |

| (Signature | Over | Printed | Name) |) |
|------------|------|---------|-------|---|