

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-12-012378

DATE: 12-16-2020

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 Dental Supplies for the School Dental Health Care Program Implementation									
Dental Needles (Long)	144	Box	64,800.00						
Dental Needles (Short)	144	Box	64,800.00						
Dental Anesthesia (2% Lidocaine carpule)	144	Box	216,000.00						
Topical Anesthetic Gel 30 grams min flavor	144	Jar	50,400.00						
Celluloid Strips	144	Pack	21,600.00						
Cement Spatula	144	Piece	36,000.00						
Dycal Applicator	144	Piece	21,600.00						
Composite Filling (3 tubes)	144	Tube	259,200.00						
Bonding Agent	144	Tube	216,000.00						
Micro Applicator tips	144	Tube	43,200.00						
TOTAL			993,600.00						
x-x-x-x-x-x-x-x-x-x-x-x									

Purpose: For use in the implementation of School Dental Health Care Program (SDHCP).

 (Signature Over Printed Name)