

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-12-012390
 DATE: 12-21-2020

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									
Amoxicillin 250mg/5 ml syrup	96	Bottle	28,800.00						
Amoxicillin 250mg capsule	96	Box	28,800.00						
Amoxicillin 500mg capsule	96	Box	33,600.00						
Mefenamic Acid 250mg/5 ml syrup	96	Bottle	28,800.00						
Mefenamic Acid 250mg	96	Box	28,800.00						
Mefenamic Acid 500mg	96	Box	33,600.00						
Paracetamol 250mg/5 ml syrup	96	Bottle	28,800.00						
Paracetamol 250mg capsule	96	Box	28,800.00						
Paracetamol 500mg capsule	96	Box	33,600.00						
Tranexamic Acid 250mg capsule	96	Box	28,800.00						
Tranexamic Acid 500mg capsule	96	Box	33,600.00						
Cetirizine Tab 10mg	96	Box	28,800.00						
Disposable Face Mask (3 ply, earloop)	261	Box	91,350.00						
70% Ethyl Alcohol 500ml with moisturizer	96	Bottle	24,000.00						
TOTAL			480,150.00						
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)