

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

**REQUEST FOR QUOTATION**

RFQ NO.: 2021-03-012484  
 DATE: 03-01-2021

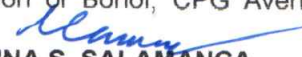
Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No. \_\_\_\_\_  
 TIN No. \_\_\_\_\_

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	
<b>Nursing Service Supplies for the 1<sup>st</sup> Quarter of 2021</b>									
Medical Oxygen Tank 5lbs	1	unit	11,000.00						
Medical Oxygen Trolley	1	unit	3,800.00						
Oxygen Regulator	1	unit	3,600.00						
Nasal Oxygen Cannula – Adult	2	pcs	400.00						
Nasal Oxygen Cannula – Pedia	2	pcs	400.00						
Distilled Water 6L	1	bottle	200.00						
<b>TOTAL</b>			<b>19,400.00</b>						
x-x-x-x-x-x-x-x-x-x-x-x									

**Purpose:** For use in Medical Section of DepEd Division of Bohol

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