

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

REQUEST FOR QUOTATION

RFQ NO.: 2021-03-012485
 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	
Nursing Service Medicines and Supplies for the 1st Quarter of 2021									
One Touch Glucometer with Test Strips	unit	4	18,000.00						
Fingertip Pulse Oximeter	unit	4	10,000.00						
Manual Sphygmomanometer (Adult)	set	4	11,200.00						
Medical Penlight	pcs	4	1,800.00						
Compact Nebulizer with Kit	unit	4	10,000.00						
Dissecting Set	set	4	5,600.00						
Kidney Basin	pcs	4	1,400.00						
Toolbox/Medicine Box	pcs	4	2,000.00						
Infrared Thermometer	unit	4	10,400.00						
3 cc disposable syringe with needle 23Gx1" x 100 pcs	box	1	290.00						
5 cc disposable syringe with needle 23Gx1" x 100 pcs	box	1	290.00						
TOTAL			70,980.00						
x-x-x-x-x-x-x-x-x-x-x-x									

Purpose: For use in School Health and Nutrition Section of DepEd Division of Bohol

 (Signature Over Printed Name)