

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

REQUEST FOR QUOTATION

RFQ NO.: 2021-12-12810
 DATE: 12-09-2021

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.

DR. DANILO G. GUDELOS
 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 Additional Medicines for Minimum Health Standards.									
Azithromycin 500mg/tablet	65	pcs.	4,550.00						
Co-amoxiclav 652mg/tablet	60	pcs.	2,100.00						
Cefuroxime 500mg/tablet	61	pcs.	2,318.00						
Salbutamol + Guaifenesin 2/100mg/cap 100pcs/box	5	box	3,000.00						
Omeprazole 20mg/capsule	5	box	3,000.00						
TOTAL			14,968.00						
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)