

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

**REQUEST FOR QUOTATION**

RFQ NO.: 2022-23-0549  
 DATE: 11-23-2022

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 AO**  
 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	
Dental Service Medicines and Supplies for the 4 <sup>th</sup> Quarter of 2022									
Saliva Ejector Suction Tips (Premium Quality)	29	pack/100	10,440.00						
Local Anesthesia	35	box/50	63,000.00						
Amoxicillin 500mg	48	box/100	24,000.00						
Amoxicillin 250mg	48	box/100	16,800.00						
Mefenamic Acid 500mg	48	box/100	24,000.00						
Mefenamic Acid 250mg	48	box/100	16,800.00						
Paracetamol	48	box/100	24,000.00						
Tranexamic Acid	48	box/100	16,800.00						
<b>TOTAL</b>			<b>195,840.00</b>						
X-X-X-X-X-X-X-X-X-X									

**Purpose:** for the School Health and Nutrition Section use.

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