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

## REQUEST FOR QUOTATION

RFQ NO.:       2023-05- 0144
DATE:          05-22- 2023

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. GUDELOSAO**
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 | | | Approved Budget for the Contract | OFFER | | | | | REMARKS |
|---|---|---|---|---|---|---|---|---|---|
| | | | | PRICE | | | Compliance with Technical Specifications (Please Check) | | |
| | | | | QTY | Unit Price | Total Price | Yes | No | |
| Breakdown of the preparation and processing of As-built Electrical Plan for SDO Building | | | 60,000.00 | | | | | | |
| **TOTAL Package Fee** | | | P 60,000.00 | | | | | | |
| Requirements: | | | | | | | | | |
| * Tracing of Main line Load , Branch Circuits and Panel Boards | | | | | | | | | |
| * Computation of existing loads and additional air-conditioning units at 3rd floor with auto-cad drawing and plotting | | | | | | | | | |
| * Load Balancing in the main post | | | | | | | | | |
| * Process documents as to completeness of Electrical Plan including seal and signing of professional Electrical Engineer | | | | | | | | | |
| | | | | | | | | | |
| Purpose: For the compliance of Electrical Power upgrading and application of Building Insurance | | | | | | | | | |

_____
(Signature Over Printed Name)