

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

**REQUEST FOR QUOTATION**

RFQ NO.: 2021-10-000012  
 DATE: 10-26-2021

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	
<b>Food and Accommodation for the Seminar on Psychosocial Support for the Oplan Kalusugan sa DepEd-Mental Health Program Technical Working Group.</b>	23	pax	43,700.00						
Day I – am/pm snacks, lunch, dinner									
Day II – Breakfast									
Service required: Function Room with audio-visual equipment and internet connection									
<b>TOTAL</b>			<b>43,700.00</b>						
X-X-X-X-X-X-X-X-X-X									
<b>Note:</b> Only the actual number of attendance shall be paid.									
<b>Purpose:</b> For the participants in the Seminar on Psychosocial Support for the Oplan Kalusugan sa DepEd-Mental Health Program Technical Working Group.									