

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

REQUEST FOR QUOTATION

RFQ NO.: 2021-11-012797

DATE: 11-19-21

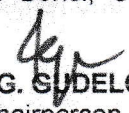
Name of Company: _____
 Address: _____
 Business Permit No. _____
 TIN No. _____

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. SUDEOSAO
 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	
Medical-Nursing Medicines and Supplies									
Aluminum Hydroxide, Magnesium Hydroxide tablet 100pcs/box	84	box	50,400.00						
Ice Bag	20	pcs	2,000.00						
Hot Water Bag	21	pcs	2,100.00						
Losartan 100mg/tablet – 100pcs/box	100	box	50,000.00						
Amlodipine 10mg/tablet – 100pcs/box	100	box	40,000.00						
Metformin 500mg/tablet – 100pcs/box	100	box	50,000.00						
Salbutamol + Guaifenesin 2mg/100mg capsule / 100pcs	30	box	19,500.00						
Paracetamol 500mg 100pcs/box	50	box	20,000.00						
Cetirizine 10mg 100pcs/box	80	box	40,000.00						
Mupirocin Ointment	20	tube	6,000.00						
TOTAL			280,000.00						
x-x-x-x-x-x-x-x-x-x									

Purpose: for the School Health and Nutrition section use.

 (Signature Over Printed Name)