

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

REQUEST FOR QUOTATION

RFQ NO.: 2022-02-0039
 DATE: 02-23-2022


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. 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	QTY	Unit	Approved Budget for the Contract	OFFER					REMARKS
				PRICE			Compliance with Technical Specifications (Please Check)		
				QTY	Unit Price	Total Price	Yes	No	
Medical Service Medicines and Supplies for the 1 st Quarter of 2022									
Surgical disposable 3-ply face mask	200	box/50	60,000.00						
Nitrile powder free disposable examination gloves, large	20	box/100	12,000.00						
Ethyl Alcohol 70%, 500mL	220	piece	22,000.00						
Multivitamin (Vitamin C 500mg + Vitamin B Complex + Vitamin D) capsule	200	box/100	80,000.00						
Paracetamol 500mg tablet	10	box/100	5,000.00						
Salbutamol + Guaifenesin capsule	10	box/100	5,000.00						
Ciprofloxacin 500mg tablet	420	piece	12,600.00						
TOTAL			196,600.00						
X-X-X-X-X-X-X-X-X-X									

Purpose: for the School Health and Nutrition Section use.

(Signature Over Printed Name)