



## Department of Education

REGION X - NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Standard Form/Title: REQUEST FOR QUOTATION End-User: El Salvador City Division  COMPANY NAME:  ADDRESS:  TEL NO./FAX NO.:  Please quote your lowest price for the package described below, subject to the Terms Conditions stated below and submit your quotation duly signed by your representative later than 9:00 A.M. of in the return envelope attached herewith.  TERMS and CONDITIONS:  1. All entries must be typewritten or legibly written.  2. Business Permit and Philoseps Registration Certificate shall be attached upon submission of the quotation. For the procurement of Medicines if the interested supplier is not the supplier is an authorized distributor/ dealer of the products/items.  3. Bidders shall submit original brochures showing certifications of the package, if applicable  4. Agency may proceed with procurement upon receipt of three (3) quotation.  5. Free delivery.  TIEMS & DESCRIPTION QTY UNIT QUOTATION:  TOTAL ABC: Php. 180,000.00  TOTAL QUOTATION:  *refer to Technical Specifications for details (please see attached)  After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above.	Name of Pro	ocuring Entity: EL SALVADOR CITY DIVISION R	equest for Quotat	ion (P.R. No.): <b>20</b>	24-04-0032
TEL NO./FAX NO.:	Revised on: Date:			Control No: 2024-03-0030	
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prices note above.	*refer to 7	Technical Specifications for details (pleas	se see attache	d)	
Printed Name / Signature			onditions, I / We	e quote you on th	ne item(s) at
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