




**Republic of the Philippines**  
**Department of Education**  
**REGION X – NORTHERN MINDANAO**  
**SCHOOLS DIVISION OF EL SALVADOR CITY**

Name of Procuring Entity: <b>EL SALVADOR CITY DIVISION</b>	Purchase Request (PR) No.: <b>2025-11-0210</b>
Revised on: _____	Date: _____ Control No.: <b>2025-11-0210</b>
<b>Standard Form/Title: REQUEST FOR QUOTATION</b>	<b>End-User: El Salvador City Division</b>
<b>COMPANY NAME:</b> _____	
<b>ADDRESS:</b> _____	
<b>TEL NO./EMAIL:</b> _____	<b>TIN No.:</b> _____

Please quote your lowest price for the package described below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than **9:00 A.M.** of \_\_\_\_\_ in the return envelope attached herewith.

**TERMS and CONDITIONS:**

All entries must be typewritten or legibly written.  
**Business Permit and PhilGEPS Registration Certificate** shall be attached upon submission of the quotation.  
 For the procurement of Medicines if the interested supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/ dealer of the products/items.  
 Bidders shall submit original brochures showing certifications of the package, if applicable  
 Agency may proceed with procurement upon receipt of three (3) quotation.  
 Free delivery.

  
**CONNIEBEL C. NISTAL, Ph.D.**  
 BAC Chairperson

Item No.	ITEMS & DESCRIPTION	UNIT	QTY	UNIT COST	PRICE QUOTATION
1	Meals and Halls Accommodation from December 10-12, 2025				
	December 10, 2025				
	AM Snacks	Pax	22	100.00	
	Lunch	Pax	22	400.00	
	PM Snacks	Pax	22	100.00	
	December 11-12, 2025				
	AM Snacks	Pax	49	100.00	
	Lunch	Pax	49	400.00	
	PM Snacks	Pax	49	100.00	
<b>TOTAL ABC: Php. 72,000.00</b>			<b>TOTAL QUOTATION: Php.</b>		

\*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.

\_\_\_\_\_  
 (Signature over Printed Name of the Proprietor / Manager)

\_\_\_\_\_  
 Date Signed



**Address:** Zone 3, Poblacion, El Salvador City  
**Telephone No:** (088) 855-0113  
**Website:** [www.depedelsalvadorcity.net](http://www.depedelsalvadorcity.net)  
**Email Address:** [elsalvador.city@deped.gov.ph](mailto:elsalvador.city@deped.gov.ph)

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