



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

Name of Procuring Entity: **DepEd El Salvador City Division** Request for Quotation(P.R. No.):2020-09-0079

Revised on:

Date:

Standard Form/Title: **REQUEST FOR QUOTATION** End-User:

COMPANY NAME:


ADDRESS:

TEL NO./FAX NO.:

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 10:00 A.M. of _____, 2020 in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. PhilGEPS Registration Certificate shall be attached upon submission of the quotation
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


ALICIA E. ANGHAY
BAC Chairperson

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	PRICE QUOTATION
1	Hyoscine N-Butylbromide, 10mg	10	tab	
2	Bacitracin Ointment	13	tube	
3	Silver Nitrate Ointment	10	tube	
4	Maxitrol drops	10	bottle	
5	Tobramycin	7	bottle	
6	ONE TOUCH STRIPS 25/test strips	12	box	
7	Transpore Tape	13	pc	
8	AMOXICILLIN 500mg. (100tab/box)	35	box	
9	CEPHALEXIN 500mg. (100tab/box)	30	box	
10	LOSARTAN 50mg. (100tab/box)	20	box	
11	AMLODIPINE 10mg (100cap/box)	10	box	





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12	Vitex Negundo 600mg	30	box	
13	Mefenamic Acid 500mg	10	box	
14	Loratadine 10mg	15	box	
15	Paracetamol, 500mg	30	box	
16	Phenylpropanolamine Hydrochloride Chlorphenamine Maleate Paracetamol	30	box	
17	Aluminum Hydroxide Magnesium Hydroxide 200mg/100mg tab	11	box	
Total ABC: 100,440.00		TOTAL QUOTATION:		

**refer to Technical Specifications for details*

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above.

Printed Name / Signature / Date

