

## Department of Education

REGION X - NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Revised on:		Date:	Control No	o: 2024-05-0049
tandard F	form/Title: REQUEST FOR QU	JOTATION End-User:	El Salvador C	ity Division
COMPAN	Y NAME:		_	
A	DDRESS:			
EL NO./	FAX NO.:	TIN No		
Conditions	ote your lowest price for the pass stated below and submit your 9AM. of in the retu	quotation duly signed rn envelope attached l	d by your repr	esentative not
3. Bio the 4. Ag	ocurement of Medicines if the interestor inufacturer, certification from the mapplier is an authorized distribute oducts/items. Idders shall submit original brochures shall submit original brochures shall prochures shall submit original brochures shall shall be package, if applicable ency may proceed with procurement up otation.	owing certifications of on receipt of three (3)	BAC Chair	person
Item	ITEMS & DESCRIPTI	ON QTY	UNIT	PRICE
Item No.		14	<b>UNIT</b> 3,800.00	PRICE QUOTATIO



Printed Name / Signature

Address: Zone 3, Poblacion, El Salvador City | Tel No: (088) 555-0475

Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

Date