

## Republic of the Philippines

## Department of Education

REGION X – NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Revised	ised on: Date:			Control No: 2024-11-0145			
Standard	form/Title:	REQUEST FOR QUOTATION	End-Use	er: El Salva	dor City Div	ision	
СОМРА	NY NAME: _						
	ADDRESS:_						
TEL NO.	L NO./FAX NO.: TIN NO						
stated be	elow and sub	vest price for the package descr mit your quotation duly signed in the return envelope attach	by your	representat			
TEDM	S and CC	NIDITIONS:					
IERIV		NDITIONS: must be typewritten or legibly writte	en.				
	<b>Business</b>	Permit and PhilGEPS R	Registrat				
	<u>Certificate</u> shall be attached upon submission of the quotation. For the procurement of Medicines if the interested supplier is CONNIEBEL C. NISTAL, Ph.D.						
not the manufacturer, certification from the manufacturer that BAC Chairperson							
	the supplier i products/items	s an authorized distributor/ de	aler of	the			
	Bidders	shall submit original brochure	es show	ving ¦			
		the package, if applicable the proceed with procurement upo	n receipt	of			
t	three (3) quota Free delive	tion.					
				i			
Item No.	ITE	MS & DESCRIPTION	QTY	UNIT	UNIT	PRICE	
1	Conduct of	Soil Exploration at El Salvador	1	Lot	COST	QUOTATION	
	City Centra						
TOTAL ABC: Php. 150,000.00				TOTAL QUOTATION:			
IOIA		150,000.00					
				(1)			
		150,000.00  Decifications for details (please s	ee attac	hed)			
* <i>refer to</i> After hav	Technical Sp			,	quote you or	n the item(s) at	
* <i>refer to</i> After hav	Technical Sp	pecifications for details (please s		,	quote you or	n the item(s) at	
*refer to	Technical Sp	pecifications for details (please s		,	quote you or	n the item(s) at	
*refer to After hav prices no	Technical Sp	read and accepted your Genera		,	quote you or	n the item(s) at	



Address: Zone 3, Poblacion, El Salvador City Telephone No: (088) 855-0113 Website: <a href="https://www.depedelsalvadorcity.net">www.depedelsalvadorcity.net</a> Email Address: elsalvador.city@deped.gov.ph



