

## Republic of the Philippines

## Department of Education

## REGION X – NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Name of Pr	rocuring Entity:	EL SALVADOR CITY DIVISION			Purchase Request (PR) No.:	2024-12-0207	
Revised on:		Date	<b>:</b> :		Control No.:	2024-12-0189	
Standard Form/Title:		REQUEST FOR QUOTATION End-U		nd-User:	El Salvador City	El Salvador City Division	
COMPA	NY NAME:						
ADDRE	SS:						
TEL NO./EMAIL:		TIN 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 9:00 A.M. of							
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 not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/ dealer of the products/items.				otation. oplier is rer that of the	ation. ier is that the  wing		
Item No.	ITEM	AS & DESCRIPTION	UNIT	QTY	UNIT COST	PRICE QUOTATION	
1	Board and Lodg	ing (3 days, 2 nights)	pax	70	5,200.00		
		fee, water, projector & projector rved parking (at least 15)					
TOTAL ABC: Php. 364,000.00				TOTAL	TOTAL QUOTATION: Php.		
*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 Date Signed							
		Signature over F	rinted Na	aine of the	e rropnetor	Date Signed	

/ Manager)



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



