



**Republic of the Philippines**  
**Department of Education**  
**REGION XI**  
**SCHOOLS DIVISION OF DAVAO ORIENTAL**

**REQUEST FOR QUOTATION**

Company Name: \_\_\_\_\_ Date: January 08, 2025  
 Address: \_\_\_\_\_ Quotation No.: 2025-01-0004

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **January 13, 2025** in the return envelope attached herewith.

  
**CHRISTIAN B. SANGO**  
 BAC Chairperson

- Note:
- All entries must be typewritten.
  - Delivery period within \_\_\_\_\_ calendar days upon receipt of the Purchase Order.
  - Warranty shall be for a period of six (6) months for suppliers and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
  - Price validity shall be for a period of 45 calendar days.
  - PhilGEPS Registration Certificate shall be attached upon submission of the Quotation.
  - Bidders shall submit Original Brochures showing certificates of the product being offered.

Stock/ Property	Unit	Item Description	Qty	Unit Price	Total Cost (VAT Inclusive)
1	box	Multivitamins + Iron (100pcs per box)	33		
2	bottle	Zinc Sulfate Syrup (60 ml)	5		
3	box	Cetirizine 10m tablet (100 tab per box)	5		
4	box	ORS (25 sachet per box)	5		
5	box	Ambroxol 30mg tablet (100 tab per box)	2		
6	box	Domperidone 10mg tablet (100 tab per box)	2		

Purpose: **PROCUREMENT OF MULTIVITAMINS AND EMERGENCY MEDICINES,RE'RENDER OF MEDICAL, DENTAL, NURSING SERVICE OF SBFP BENEFICIARIES**  
 Activity Date: \_\_\_\_\_

ABC: **23,950.00**

Brand and Model: \_\_\_\_\_  
 Delivery Period: \_\_\_\_\_  
 Warranty: \_\_\_\_\_  
 Price Validity: \_\_\_\_\_

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

\_\_\_\_\_  
 Canvasser/s

\_\_\_\_\_  
 Printed Name / Signature  
**Bidder**