



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

REQUEST FOR QUOTATION

Company Name: _____

Date: April 02, 2025

Address: _____

Quotation No.: 2025-03-0024

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 **April 07, 2025** in the return envelope attached herewith.


CHRISTIAN N. SANGO
 BAC Chairperson

- Note:**
1. All entries must be typewritten.
 2. Delivery period within _____ calendar days upon receipt of the Purchase Order.
 3. 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.
 4. Price validity shall be for a period of 45 calendar days.
 5. PhilGEPS Registration Certificate shall be attached upon submission of the Quotation.
 6. 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	pc	301W Seldin Elevator	1		
2	PC	304W Seldin Elevator	1		
3	pc	92 Serrated Elevator	1		
4	pcs	Amoxicillin Syrup 250mg/5ml suspension 60ml (Expiry Date:2027)	50		
5	Gallon	Disinfectant Solution for Dental Instrument (Generic Name: Glutaraldehyde-Expiry Date: 2027)	5		
6	box	Large-Disposable Nitrile Gloves Black Vinyl Nitrile Latex Gloves	10		
7	pcs	Mefenamic Acid 500mg capsule (Expiry Date: 2027)	500		
8	pc	Mefenamic Acid 50mg/5ml suspension 60ml (Expiry Date: 2027)	50		
9	pcs	PD Swiss Pulpotec Full Kit 15g powder	2		
10	pcs	Toothache Drop Solution-Analgesics (Camphor+Chlorobutanol+Olive Oil+Creosate- Expiry Date: 2027)	5		
11	pcs	Topical Anesthesia Gel Flavored 30g (Expiry Date:2027)	10		
12	pcs	Tranexamic Acid 500mg capsule (Expiry Date: 2027)	200		

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

Stock/ Property	Unit	Item Description	Qty	Unit Price	Total Cost (VAT Inclusive)

Purpose: **PROCUREMENT OF SUPPLIES AND EQUIPMENT FOR SCHOOL DENTAL HEALTH PROGRAMS**

Activity Date:

ABC: **94,500.00**

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