Republic of the Philippines
Department of Education
SOCCSKSARGEN REGION
SCHOOLS DIVISION OF GENERAL SANTOS CITY

Date: **07/15/2026**
Quotation No.: **2026 - 07 - 074**

_____
(Company Name)

_____
(Address)

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time if delivery and submit your quotation dulysigned by your representative not later than _____ in the return envelope attached herewith.

MERVIE Y. SEBLOS, CESE
BAC CHAIRPERSON

NOTE:

1 **PLS. PRINT ALL ENTRIES**

2 **DELIVERY PERIOD WITHIN_____CALENDAR DAYS**

3 **WARRANTY SHALL BE FOR A PERIOD OF SIX(6) MOS. FOR SUPPLIES & MATERIALS, ONE(1) YR. FOR EQUIPMENT,**

4 **FROM THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY**

5 **PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS**

6 **G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION**

7 **BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED**

8 **BIDDERS SHALL SUBMIT INDIVIDUAL BID PRICE.**

ITEM NO.	Item description	unit	quantity	Approved Budget for the Contract		Brand	BID AMOUNT	
				Unit Cost	Total		Unit Cost	Total
	Lot: Procurement of Deworming Medicine (Albendazole 400mg) to 34,593 SBFP Beneficiaries for the 1st and 2nd Phase of S.Y 2026 - 2027							
1	Dewworming Medicine (Albendazole 400 mg)/ chewable tablet for the 34,593 SBFP beneficiaries for the 1st and 2nd phases of School Year 2026-2027 to be delivered on or before August 7, 2026, expiration date not later than 1 year upon delivery	pcs	69,186	7.00	484,302.00			
	Nothing Follows							
		GRAND TOTAL			484,302.00			

Brand and Model : _____
Delivery Period : _____
Warranty : _____
Price Validity : _____

DepEd Division of General Santos City
Name of the Procuring Entity

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

REFERENCE	
PR #	**2026 - 07 - 074**
DATE	**07/15/2026**

_____
Printed Named/Signature

_____
Tel. No./Cellphone No. email address

_____
Date

DepEd-GSC/ BACSec/ Michael
PHILGEPS REF. No. _____

Closing Date: _____ **8:00:00 am**