



Excellence | Service | Leadership and Good Governance | Innovation | Social Responsibility | Integrity | Professionalism | Spirituality



**SOUTHERN LEYTE STATE UNIVERSITY**

**REQUEST FOR QUOTATION FORM & NOTICE  
GOODS & SERVICES**

Office/Campus:	HEALTH AND WELLNESS
Address/Contact Details:	San Roque, Sogod, Southern Leyte

RFQ No.

2025-08-0415

Date:

GENTLEMEN:

May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

Delivery within 30 working days upon receipt of approved Purchase Order (PO).

**PR No. 2025-07-0292**

Item #	QTY.	UNIT	ITEM/DESCRIPTION	APPROVED BUDGET	UNIT COST	TOTAL COST
<b>Advancement of Medical, Dental Supplies and Day to day operations</b>						
			<b>Medical, Dental and Laboratory Supplies</b>			
1	30	pcs	Elastic Bandage 2"	60.00		
2	2	bots	Gelfoam Dentalpack ( Gelatin Sponge)	1,000.00		
3	10	pcs	Ice bag	250.00		
4	10	packs	BIBS	300.00		
5	3	bxs	Bonding agent	15,000.00		
6	10	pcs	Cotton plier	200.00		
7	10	bots	Disposable micro applicator	235.00		
8	5	syringe	Etchant	200.00		
9	3	packs	Finishing strips	520.00		
10	10	bxs	Examination gloves	450.00		
11	2	bxs	Restorative light cured materials	15,000.00		
12	1	set	Dental elevator (5pcs) Straight, curved, left & right	3,850.00		
13	10	packs	Flexi Saliva Ejector	235.00		
14	3	bxs	Tongue Depressor 6"	300.00		
15	10	packs	Disposable drinking cup	80.00		
			<b>TOTAL</b>	<b>₱103,610.00</b>		
Delivery Term						
Payment Term						
				If payment for deposit, please provide bank details:		

Very truly yours,

PRICES IN THE ABOVE OFFER ARE

CERTIFIED TRUE AND CORRECT:

**CHRISTINE ALMA MAE M. DAGUPLO**  
**BAC Chairperson**

Authorized Company  
Representative

(Signature over Printed Name)

**JELYNE L. LORA**  
Canvasser

Company Name

Address

Tel. Nos.

T.I.N

**IMPORTANT:**

- Prices must be written clearly.
- If offering a substitute/equivalent, specify the brand and make.
- RFQ should be sealed.