Department of Education

Region III

SCHOOLS DIVISION OF BULACAN

Provincial Capitol Compound, Brgy. Guinghawa, City of Malolos, Bulacan

Website: www.bulacandeped.com email: bulacan@deped.gov.ph

Date: August 14, 2026

Quotation Form

26-08-133 PR NO. 25-11-315

Package : **QUADRIVALENT INFLUENZA VACCINE** ABC: Php 161,000.00

Supplier : _____

Address : _____

Tel. No. : _____

Name of Authorized Representative: _____

In accordance with your invitation for Sealed Quotation for the above mentioned package and subject to all conditions and requirement thereof, we/I will perform the above service at a total cost in Philippine Pesos of _____ : (P _____) broken down follows:

Qty.	Unit	Agency Specifications	Bidders Specification	Unit Cost	Total Amount
230	pre-filled syringe	Quadrivalent Influenza Vaccine		700.00	161,000.00
		(surface antigen, inactivated)			
		0.5ml Suspension for Injection			
		For prevention of seasonal influenza			
		----------TOTAL ----------			**161,000.00**

Conformity with the specifications and at the price/s we have quoted above.

Date this _____ day of _____, _____

This form to be submitted not later than Bid Opening 08/19/26 10:00am

_____
Printed Name & Signature

_____
Position / Designation

_____
Canvasser

[redacted]

MARIA CELINA L. VEGA, CESO VI
BAC Chairperson