



DEPARTMENT OF AGRICULTURE
Regional Field Office 13
 Capitol Site, Butuan City
 Tel. No: (085) 342-4092 Telefax No.: (085) 341-2114

REQUEST FOR QUOTATION

Date: _____
 Quotation #: _____

 Name of Company

 Address

 TIN

Please quote your lowest price inclusive of taxes in the items/s listed, subject to the General Conditions below, stating the shortest time of delivery. Submit your quotation duly signed by your representative not later than 3 days upon receipt in sealed envelope marked with the reference no. (PR# 2024-06-058).

[Signature]
ABLE E. WAGAS
 Chairman, Bids and Awards Committee

ITEM	ITEM & DESCRIPTION	BRAND	UNIT	QUANTITY	UNIT COST	TOTAL COST
	Labor and Materials for the Construction of Hydroponics Greenhouse (using Deep Water Culture)		unit	3		
	Location:					
	1) San Jose, Province of Dinagat Islands					
	2) Basilisa, Province of Dinagat Islands					
	3) Cagdianao, Province of Dinagat Islands					
	<i>Please see attached BOQ and Plans</i>					
	In reference to the Practice of Professional Agricultural Engineers, pursuant to RA 10915, all plans, designs, drawings, estimates, specifications, and other documents related to agriculture both public and private, shall be signed and stamped and received by Agricultural and Biosystems Engineers.					

ABC: **1,350,000.00**
 Source of fund: **NUPAP 2024**

General Conditions:

1. All entries must be typewritten/printed in ink.
2. Delivery period within _____ calendar days based on the contract.
3. Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment from date of acceptance by procuring entity.
4. Price validity shall be for a period of _____ calendar days
5. PhilGEPS Registration Certificate, Business Permit, DTI Certificate and Tax Registration Certificate shall be submission of the quotation, if applicable.
6. Bidders shall submit original brochures showing specification of the products being offered.
7. Winning bidder(s) from outside Butuan City must appear personally or sent authorized representative to signed contract and claimed payments.

 Signature over Printed Name of Authorize Representative

 Signature over Printed Name of Convasser

 Tel. No./CP No./email address

 Date