Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Caraga Region
Capitol Site, Butuan City
Tel. No: (085) 815-2009/ (085)342-4092/Fax No.: (085) 341-2114
Email add: dacaraga@yahoo.com

REQUEST FOR QUOTATION

Date: _____
Quotation #: _____

_____
Name of Company

_____
Address

_____
TIN No.

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 ***Philgeps*** in sealed envelope marked with the reference no. (PR # 23.07.1600).

7/12/23
JOHNNY M. CONCON
Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	Waveguide and Torch-Loader Assembly (PN G8007-60002)		piece	1		
2	Easy-fit Torch (PN G8003-70000)		piece	3		
3	OneNeb Series 2, inert ICP nebulizer 1/p (PN G8010-60293)		piece	1		
	- xxxxxxx xxxxxxxxxxxxxxx -					
	Note: All of the above items must be compatible with 4200 MP-AES					

ABC: ₱638,849.00
Source of Fund: Rice Program/RSL

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 attached upon 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.*

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

_____
Printed Name/Signature of Company Representative

_____
Name and Signature of Canvasser

_____
Tel.No./Cp No./email address

_____
Date