Republic of the Philippines
**DEPARTMENT OF AGRICULTURE**
**Regional Field Office XIII**
Capitol Site, Butuan City
Tel. No: (085) 342-4092 Telefax No.: (085) 341-2114

# REQUEST FOR QUOTATION

Date: _____
Quotation #: _____

Name of Company

Address

TIN No.

Please quote your lowest price inclusive 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 _____ in sealed envelope marked with reference no. ( PR #23.06.REG021)

**JOHNNY M. CONCON**
*Chairman, Bids and Awards Committee for Goods*

| ITEM NO. | ITEM & DESCRIPTION | BRAND | UNIT | QUANTITY | UNIT COST | TOTAL COST |
|---|---|---|---|---|---|---|
| | **AIRCONDITIONER (Window Type)** | | unit | 2 | | |
| | Minimum Specifications | | | | | |
| | - 2.0 HP | | | | | |
| | - Rated Cooling Capacity: 19,000 minimum | | | | | |
| | - Refrigerant type: R32 | | | | | |
| | - Power input: 220 VAC | | | | | |
| | -Power Rating: 1.7 kW, maximum | | | | | |
| | - Remote Controlled capacity | | | | | |
| | - With 1year Warranty | | | | | |
| | Delivery at DA Regional Office | | | | | |

ABC: 62,730.00
Source of fund: _____

*Note:*
1. *All entries must be typewritten/printed in ink.*
2. *Delivery period within_____ calendar days.*
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 sentity.*
4. *Price validity shall be for a period of _____ calendar days*
5. *PhilGEPS Registration Certificate shall be attached upon submission of the quotation if applicable.*
6. *Bidders shall submit original brochures showing certification of the products being offered.*
7. *Winning bidder(s) from outside Butuan City must appear personally or sent authorized representative to sign contract and claim 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

_____
*Name and Signature of Canvasser*

_____
*Tel. No. / CP No. / email address*

_____
*Date*