



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
 Regional Field Office XIII
 Capitol Site, Butuan City
 Tel. No: (085) 305-0092

REQUEST FOR QUOTATION

Date: _____
 Quotation #: _____

Name of Company _____

Address _____

TIN No. _____

Please quote your lowest price in the items/s listed below, 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 the reference no. (PR # 23-10-AFOJ36).

11/7/23
JOHNNY M. CONCON
 Chairman, Bids and Awards Committee

Item No.	ITEM & DESCRIPTION	BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
	LOT 1					
	Tire - 215 / 70 R15 - A/T		pcs	4		
	includes installation of tires					
	tires manufacturing dates not earlier than 2022					
	at least 1 month warranty from date of delivery					
	Wheel Alignment		lot	1		
	Wheel Balance		lot	1		
	LOT 2					
	Battery 11P 12V		unit	1		
	Oil Filter		pcs	4		
	Fuel Filter		pcs	4		
	Air Filter		pcs	4		
	Vehicle: For the repair and maintenance of Vehicle - KIA K2500 Panoramic EH 5122					

ABC: 60,700.00
 Source of fund: _____

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.

Date of Receipt: _____
 Received by: _____
 User ID: _____

Printed Name/Signature of Company _____

RAMIL LIMOCON

 Name and Signature of Convasser

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

Date _____