



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 # 23-11-APD 266).

[Signature]
EDUARDO M. CONCON
 Chairman, Bids and Awards Committee

Item No.	ITEM & DESCRIPTION	BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
	LOT 1					
	Tire - 235 / 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					
	LOT 2					
	Alternator Belt (17 x 990 LI)		pcs	1		
	Rain Visor		set	1		
	Oil Filter (C-512)		pcs	3		
	Fuel Filter (FC-208 A)		pcs	2		
	Air Filter		pcs	2		
	Wiper Blade		set	1		
	Vehicle: For the repair and maintenance of Vehicle - Isuzu Fuego SFN 894					

ABC: 51,000.00
 Source of fund: _____

General Conditions:

- All entries must be typewritten/printed in ink.
- Delivery period within _____ calendar days based on the contract.
- 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.
- Price validity shall be for a period of _____ calendar days
- PhilGEPS Registration Certificate, Business Permit, DTI Certificate and Tax Registration Certificate shall be attached upon submission of the quotation, if applicable.
- Bidders shall submit original brochures showing specification of the products being offered.
- 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 _____

RAMIL LIMOCON
 Name and Signature of Convasser

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

Date _____