

Republic of the Philippines

DEPARTMENT OF AGRICULTURE

Regional Field Office 13

Capitol Site, Butuan City 8600

Tel. No: (085) 305-0092

	1898					
	REQUEST FOR	QUOTA	TION			
	Name of Company				Date Quotation #	:
	Address					
	- AN GAL COS					
	TIN					
ting t	Please quote your lowest price inclusive of taxes in the items/s lis he shortest time of delivery. Submit your quotation duly signed by you are not presented by the envelope marked with the reference no. [PR#	ted, subject ur represen <b>32</b> ).	to the Gene	later than Phil	Peps 10	<b>6/21</b> NCON ards Committee
1	TIEM & DESCRIPTION	BRAN	ID   UMT	QUANTITY		
1	Advocacy Shirt for CY 2023 Rice Program				0411 0031	TOTAL CO
	Year End Review and Assessment & Local					
	Farmer Technicians Meeting on December					
	5-8, 2023 in Cagwait, Surigao del Sur					
	Lot 1					
	\$276-7/TO T-1					
	CY 2023 Rice Program Year End Review and Assessment	t l				
_	Advocacy Shirt		pax	188		
	Color: Purple/Violet & White		Pun	100		
	Logo Embroidered					
_	Print Back Part					
	Lot 2		1			
_	Local Farmer Technicians Meeting					
-	Advocacy Shirt		nav	00		
-	Color: Black, White & Gray		pax	90		
-	Logo Embroidered		1 1			
$\dashv$	Print Back Part		+			
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eral Conditions:			ABC: 139,000.00 Source of fund: Rice Program			
5 5 6	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 & material 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 submission of the quotation, if applicable. 6. Bidders shall submit original brochures showing specification of the pile. 6. Winning bidder(s) from outside Butuan City must appear personally of signed contract and claimed payments.	als, one (1) y d Tax Registr	ear for ation Certi	ficate shall be o		
-	Name and Signature of Canvasser	-	Printed Name/Signature of Company			
				Tel. No./C	P No./Email	Address
			-		Date	

## RICE PROGRAM ASSESSMENT POLO SHIRT

