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 # 24-02-110045 ).

3/27/24
**JOHNNY M. CONCON**
*Chairman, Bids and Awards Committee*

| Item No. | ITEM AND DESCRIPTION | Brand/ Model | Unit | Quantity | Unit Cost | Total Cost |
|---|---|---|---|---|---|---|
| 1 | OneNeb Series 2, inert ICP nebulizer, PN G8010-60293, for MP-AES | | piece | 1 | | |
| | - XXXXXXX XXXXXXXXXXXXXX - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ABC: ₱93,806.00
Source of Fund: ILD/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*