



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 # 24-03-110061).


JOHN M. CONCON

Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	Thermohygrometer, calibrated		piece	6		
2	Test tube brush, for 10 mm test tubes, nylon bristles		piece	12		
3	Test tube rack, 90 holes, PP		piece	6		
4	Canister, 500 mL, HDPE, straight, with screw cap		piece	750		
5	Canister, 250 mL, HDPE, straight, with screw cap		piece	250		
	-XXXXXXXXXXXXXXXXXXXXXXXXXX-					

ABC: P240,740.00

Source of Fund: ILD/RSL

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 Representative _____

Name and Signature of Convasser _____

Tel.No./Cp No./email address _____

Date _____