



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 # 24-03-1LDO74).


JONNY M. CONCON
 Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	Copper (II) sulfate pentahydrate, AR, 100g/bottle		bottle	1		
2	Methyl red, AR, 100 grams/bottle		bottle	1		
3	Phosphoric Acid, AR, 2.5L/bottle		bottle	1		
4	Potassium standard solution, 1000 mg/L, 1 liter/bottle		bottle	2		
5	Sucrose standard for IC, 1000 mg/L, 100 mL/bottle		bottle	2		
<i>Note: All chemicals must have expiration date ≥ 2026</i>						
-XXXXXXXXXXXXXXXXXXXXX-						

ABC: P68,530.00
 Source of Fund: OA/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