



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

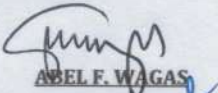
Date: _____
 Quotation #: _____

 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 # 2A-07-120199).


ABEL F. WAGAS
 Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	EMERGENCY SHOWER WITH EYE WASH		unit	1		
	Specifications:					
	Eye/Face Wash and Drench Shower Material: 304SS					
	Showerhead and bowl: 304SS					
	With foot pedal					
	Complies with the regulations in ANSI Z358.1-2014 standard and OSHA 29 CFR 1910.151 (C)					
	CE Certification					
	To include: Installation					
	- x -					

ABC: ₱75,000.00

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