**DEPARTMENT OF AGRICULTURE**
**Caraga Region**
Capitol Site, Butuan City
Tel. No: (085) 342-4092 Telefax No.: (085) 341-2114

# 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 3 days upon receipt in sealed envelope marked with the reference no. (PR # 24-12-AM110.

09 DEC 2024

**ABEL F. MAGAS**
*Chairman, Bids and Awards Committee*

| ITEM No. | ITEM & DESCRIPTION | BRAND MODEL | UNIT | QUANTITY | UNIT COST | TOTAL COST |
|---|---|---|---|---|---|---|
| | **Semi-Expandable Expenses Furnitures & Fixtures** | | | | | |
| | | | | | | |
| | **Office Tables w/ Office Chair** | | set | 8 | | |
| | | | | | | |
| | **Office Tables Specification:** | | | | | |
| | Chipboard 15mm & MDF Board | | | | | |
| | Lamination: Amino | | | | | |
| | Product Size: H: 736mm x W: 900mm x D: 401mm | | | | | |
| | Wt.:21.5 kgs | | | | | |
| | | | | | | |
| | **Office Chair Specification:** | | | | | |
| | R300mm Chrome Base | | | | | |
| | L: 56cm x W: 59cm x H: 89-99cm x WT.: 9.8 kg | | | | | |

ABC: 59,600.00
Source of fund: MDS

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 sentity.*
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.*

*Signature over Printed Name of Authorized Representative*

*Signature over Printed Name of Canvasser*

*Tel. No. / CP No. / email address*

*Date*