



Republic of the Philippines
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 # 24-01-SP036)

JOHNNY M. CONCON
Chairman, Bids and Awards Committee

ITEM No.	ITEM & DESCRIPTION	BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
	DESKTOP COMPUTER		unit	2		
	Specs: at least					
	Monitor: 21.5"					
	Processor: 6 Cores, 4.4 GHz max boost, 12MB Cache					
	Memory: 16GB DDR4					
	Storage: 256GB SSD and 1TB HDD					
	Network: WLAN and LAN					
	I/O Ports: USB Wired Keyboard and Mouse					
	OS: License Windows Operating System					
	Warranty: 1 year on parts and services					
	*Note: Whole set unit, not cloned or assembled.					

ABC: 125,000.00
Source of fund: GAA 2024

- 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 send 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 Convasser

Signature over Printed Name of Authorized Representative

Tel. No. / CP No. / email address

Date