



Republic of the Philippines  
**DEPARTMENT OF AGRICULTURE**  
 Regional Field Office XIII  
 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 below, subject to the General Conditions below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 days upon receipt in the sealed envelope marked with the reference no. (PR# 24-02-FOD043 ).

**Johnny M. Concon**  
 Chairman, Bids and Awards Committee

ITEM No.	ITEM & DESCRIPTION	BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
1	<b>Advocacy Materials : Polo Shirt</b>			200		
	<b>Specs:</b>					
	<b>*Pinhead</b>					
	<b>*Printing Method: Embroidered</b>					
	(See attached Design)					
	<b>Sizes:</b>					
	XXL-10					
	XL - 30					
	Large - 70					
	Medium -50					
	Small - 30					
	XS- 10					
	<i>Note: Winning bidder to inform the concerned program one week before the activity</i>					

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.

ABC: 80,000.00  
 Source of fund: OAP

\_\_\_\_\_ Printed Name/Signature of Company

\_\_\_\_\_ Name and Signature of Convasser

\_\_\_\_\_ Tel. No. / CP No. / email address

\_\_\_\_\_ Date