



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 # _____).


JOHNNY M. CONCON
 Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	Nitrile Exam Gloves, 100% latex-free, powder-free, AQL 1.5, 12		box	24		
2	Nitrile Exam Gloves, 100% latex-free, powder-free, AQL 1.5, 12		box	6		
3	Surgical Face mask, charcoal, 4-ply, earloop, 50 pcs/box		box	15		
4	Laboratory gown, light blue or white, 3/4 sleeve, extra large		piece	2		
5	Laboratory gown, light blue or white, 3/4 sleeve, large		piece	4		
6	Laboratory gown, light blue or white, 3/4 sleeve, medium		piece	5		
7	Laboratory gown, light blue or white, 3/4 sleeve, small		piece	2		
	- x -					

ABC: P54,950.00
 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.

 Name and Signature of Convasser

 Printed Name/Signature of Company Representative

 Tel.No./Cp No./email address

 Date