



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 # 24-07-11012).

Chairman, Bids and Awards Committee

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	USA Standard Test Sieve, full height, 200 mm diamter, No. 10, 9 mesh Tyler Equivalent: 2 mm round, brass/stainless steel, conformance to ISO 565, 3310-I, with pan, cover, and sieve cleaning brush		unit	1		
2	USA Standard Test Sieve, full height, 200 mm diamter, No. 20, 850um, round, brass/stainless steel, conformance to ISO 565, 3310-I, with pan, cover, and sieve cleaning brush		unit	1		
	-XXXXXXXXXXXXXXXXXXXXXXXXXX-					

ABC: P159,000.00

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 Convoasser _____

Tel.No./Cp No./email address _____

Date _____