



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 # 24-07-140125).

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

Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	Toploading precision balance, 310 grams capacity, internal automatic calibration, with glass draft shield, color TFT touchscreen, readability: 1 mg, linearity: ±2 mg, minimum weight (U=1%, k=2): <100 mg, stabilization time: 1.5-2s; power: 220V, to include calibration certificate		unit	1		
	-XXXXXXXXXXXXXXXX-					

ABC: P310,000.00  
 Source of Fund: OA Program/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 Convasser

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

\_\_\_\_\_  
 Date