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 reciept. in sealed envelope marked with the reference no. (PR # 24-06-SP196

ABEL F. WAGAS
Chairman, Bids and Awards Committee

ITEM No.	ITEM & DESCRIPTION	BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
	AIRCONDITIONER		unit	1		
	Minimum Specifications					
	Atleast 3.0 HP, Inverter System					
	Split-type, Wall-mounted					
	Cooling Capacity: 29,000 Kj/Hr, minimum					
	Refrigerant tye: R32					
	Power input: 220 VAC					
	Power Rating: 2,300 Watts maximum					
	With 1 Year Warranty					
	Inclusive with installation and materials					
	Delivery at DA-Regional Office 13					

ABC: **85,000.00**
Source of fund: **GAA 2024**

1. *All entries must be typewritten/printed in ink.*
2. *Delivery period within_____ calendar days based on the contract.*
3. *Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment from date of acceptance by procuring sentity.*
4. *Price validity shall be for a period of _____ calendar days*
5. *PhilGEPS Registration Certificate, Business Permit, DTI Certificate and Tax Registration Certificate shall be attached upon submission of the quotation, if applicable.*
6. *Bidders shall submit original brochures showing specification of the products being offered.*
7. *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.

_____
Signature over Printed Name of Authorized Representative

_____
Signature over Printed Name of Canvasser

_____
Tel. No. / CP No. / email address

_____
Date