Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Regional Field Office 13
Capitol Site, Butuan City 8600
Tel. No: (085) 305-0092

REQUEST FOR QUOTATION

Date: _____
Quotation #: _____

_____
Name of Company

_____
Address

_____
TIN

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 receipt in sealed envelope marked with the reference no. (PR# 24-05-A7P108

ABEL F. WAGAS
Chairperson, Bids and Awards Committee

ITEM NO.	ITEM & DESCRIPTION	BRAND	UNIT	QUANTITY	UNIT COST	TOTAL COST
	Catering services on May 15, 2024					
	Venue: DA-Region Office					
	Snacks: burger & juice in can		pax	300		
	Lunch: rice, beef kamto, pork hawaiian stew,		pax	300		
	four seasons with quail egg, fruit cocktail salad, drinks					
	Conditions:					
	- Snacks & meal should be packed with utensils					
	- Caterer should provide potable drinking water stationed					
	at motorpool and apply CLAYGO after activity					
	- Provide at least 3 staff to assist in the distribution					

ABC: 135,000.00
Source of fund: _____

General Conditions:

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 entity.*
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.*

_____
Printed Name/Signature of Company

_____
Name and Signature of Canvasser

_____
Tel. No./CP No./Email Address

_____
Date