



DEPARTMENT OF AGRICULTURE

Caraga Region

Capitol Site, Butuan City

Tel. No: (085) 342-4092 Telefax No.: (085) 341-2114

REQUEST FOR QUOTATION

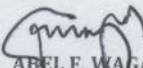
Date: _____
Quotation #: _____

Name of Company _____

Address _____

TIN _____

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# 24-10-110178)


ABEL F. WAGAS

13 NOV 2024

Chairman, Bids and Awards Committee

ITEM NO.	ITEM & DESCRIPTION	BRAND	UNIT	QUANTITY	UNIT COST	TOTAL COST
	Inorganic Insecticide		bot	137		
	Active Ingredient: Emmamectin benzoate					
	Volume and Packaging Type: 100g/bottle					
	Terms and Conditions:					
	- To be delivered at Regional Crop Protection Center Trento, Agusan del Sur					
	- Delivery within 30 days upon the issuance of NTP					
	- Manufacturing date: 2024					
	Other Documents:					
	FPA Product Registration					

ABC: 198,650.00

Source of fund: Corn Banner

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 _____

Name and Signature of Convrasser _____

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

Date _____