



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Regional Field Office XIII
Capitol Site, Butuan City
Tel. No: (085) 342-4092 Telefax No.: (085) 341-2114

REQUEST FOR QUOTATION

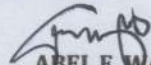
Date: _____
Quotation #: _____

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 receipt in sealed envelope marked with the reference no. (24-10-SP297).


ABEL F. WAGAS
Chairman, Bids and Awards Committee

ITEM No.	Item Description	UNIT	QTY	UNIT COST	TOTAL COST
	Procurement of Drugs and Biologics				
	Amoxicilin trihydrate+Tylosin+Tatrate+Bromhexine+ HCl WSP (1 KG PER CANNISTER)	kg	130		
	Volume and Packaging:1 kg/cannister				
	AMPROLIUM+SULFAQUINOXALINE WSP (1KG PER CANNISTER)	kg	63		
	NCD B1b1 (Doses: 1000/vial)	vial	31		
	Terms and Conditions:				
	-To be delivered at DA ILD Taguibo,Butuan City				
	-Expiration Date should be in minimum 2 years after the date of delivery				
	Other Related Document:				
	-FDA/BAI Product Registration				

ABC: **554,400.00**
Source of fund: **SAAD 2024**

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.

Supplier

Signature over Printed Name of Convasser

Tel. No. / CP No. / email address