

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 QOUTATION

		Date:Quotation #:				
	Name of Company					
	Address					
	TIN No.					
	Please quote your lowest price inclusive of taxes in the items/s li hortest time of delivery. Submit your quotation duly signed by you velope marked with the reference no. (PR #	or representative not lat			MINION LF. WOGAS	
		Chairman, Bids and Awayas Committee				
Item No.	ITEM AND DESCRIPTION	Brand/ Model	Unit	Quantity	Unit Cost	Total Cost
1	LABORATORY CART		Unit	2		
	* 3-Layer Laboratory/ Medical cart	The state of the				
	* Stainless steel					
	* With Stainless steel handle					
	* Swivel Wheel					
	* Dimension: At least 29" x 19" x 35"					
	*** Nothing Follows ***					
		No No Real	ABC:	12	24,000.00	
		Source	of Fund:	und: ILD/ FCAL Medical , Dental, Laboratory Supplies; 05-001-03- 00016-06		
General (Conditions:					A THE
	1. All entries must be typewritten/printed in ink.					
	Delivery period within calendar days based on the calendar days		for			
	equipment from date of acceptance by procuring entity.	materials, one (1) year	jor			
	4. Price validity shall be for a period of calendar days					
	5. PhilGEPS Registration Certificate, Business Permit, DTI Certifi	cate and Tax Registratio	n Certificate	shall be attach	ned upon	
	submission of the quotation, if applicable.	-64	or			
	 Bidders shall submit original brochures showing specification Winning bidder(s) from outside Butuan City must appear persigned contract and claimed payments. 			tative to		
	After having carefully read and accepted your General Condition	ns, I/We quote on the ite	m at prices	noted above.		
	Printed Name/Signature of Company Representative					
	Name and Signature of Canvasser			Tel.No./Cp	No./email addr	ress

Date