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# 24-09-REG 041).

10/14
ABEL F. WAGAS
Chairperson, Bids and Awards Committee

ITEM NO.	ITEM & DESCRIPTION	BRAND	UNIT	QUANTITY	UNIT COST	TOTAL COST
	Vehicle Rental for Benchmarking for Best Practices on Institutional Animal Care & Use Committee (IACUC) & Laboratory Animal Facility from October 21-25, 2024					
	Vehicle Rental		unit	2		
	Inclusive of fuel, port fee, driver's fee and meals					
	10-15 seater capacity					
	should have applicable permit license & insurance					
	Itinerary:					
	Oct 21- OS - Central Mindanao University, Musuan, Bukidnon			2		
	Oct 22- Within Bukidnon			2		
	Oct 23 - Bukidnon- Adventist Medical Central College, San Miguel, Iligan City			2		
	Oct 24 - Within Iligan City			2		
	Oct. 25 - Iligan City - OS			2		

ABC: 80,000

Source of fund: Regulatory

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