

## DEPARTMENT OF AGRICULTURE

Caraga Region

Capitol Site, Butuan City

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

	REQUEST FOI	R QUOTA	TION		Date:	
					Ouotation #:	
	Name of Company					
	Address					
	Addiess					
	TIN					
ting the s	Please quote your lowest price inclusive of taxes in the iter hortest time of delivery. Submit your quotation duly signed velope marked with the reference no. (PR# <u>24 - 09 -</u>	by your repre	esentative	not later than	DI F. WAGAS	
			(	Chairman, Bid	s and Awayas C	ommittee
гем по.	ITEM & DESCRIPTION	BRAND	UNIT	QUANTITY	UNIT COST	TOTAL COS
	Automatic Digital Refractometer		unit	1		
	Digital display, durable electrode, stainless steel					
	dual-level LCD, temperature measurement					
	in °C and °F automatic temperature					
	compensation (ATC), measures the sugar in					
	food & wine		200			
1 - 1	Specs:					
	Measurement Range: Brix 0.0~53.0%					
	Resolution: Brix ± 0.1°%					
	Measurement Accuracy: Brix ± 0.2°%					
	Power Supply: Battery (AA or AAA )					
	International Protection Class: IP65					
	pH Meter specs:					
	Measuring range: 0.0 to 14.0pH	-				
	Resolution: 0.1 pH					
	Accuracy: ≤± 0.1 pH					
	Calibration; manual, 1 point					
	ition; manual, 1 point					
	Battery type 3 x1.5V, alkaline (included)				50 450 00	
					BC: 59,450.00 nd: OA -Trento RE	
Genera	1. All entries must be typewritten/printed in ink. 2. Delivery period within calendar days bases. 3. Warranty shall be for a period of six (6) months for a equipment from date of acceptance by procuring end. Price validity shall be for a period of calends. 5. PhilGEPS Registration Certificate, Business Permit, Les submission of the quotation, if applicable. 6. Bidders shall submit original brochures showing specific form outside Butuan City must all signed contract and claimed payments.  After having carefully read and accepted your General.	supplies & ma tity. dar days OTI Certificate ecification of o ppear persone	eterials, on e and Tax i the produc ally or sent	Registration C ts being offer authorized r	ed. epresentative to	
	age. Adamy					
					Printed Name/Signa	ture of Company
	Name and Stanature of Canyasser				Tel. No. / CP No. ,	email address

Date