

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

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|----------|--|----------------------------|--|--|----------------------------------|--------------------|
| | REQU | EST FOR | QUOTA | ATION | Date: | |
| | | | | | Quotation #: | |
| | Name of Company | | | | | |
| | Address | | | | | |
| | | | | | | |
| submit y | TIN No. Please quote your lowest price in the items/s listed below our quotation duly signed by your representative no | t later than | he General <u>3 days</u> in J- D1- P | the return env ESOOS A Chairman, i | BEL F. WAGAS (Bids and Awards Co | 1 8 FEB 2025 |
| TIEM | ITEM & DESCRIPTION | BRAND | UNIT | QUANTITY | UNIT COST | TOTAL COST |
| | Analytical Balance | | unit | 1 | | |
| | *220g capacity, 0.1mg readability | | Trans. | | THE STATE OF | |
| 4-21 | * LCD display with backlight | | | | | |
| TV E | * SS weighing plate with alloy base | | | | | Market Charles |
| | * External Calibration | | | | | |
| | * Suitable for weighing Powder Type & | | 1 | | | |
| | Liquid | | 1 | | | |
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| | | | Many | | | |
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| | | | 3000 | | | |
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| | | | | ABC: | 75,000,00 | |
| | | Source of fund: HVCDP 2025 | | | | |
| | | | | | | |
| Note: | 1. All entries must be typewritten/printed in ink, 2. Delivery period within calendar days. 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 sentity. 4. Price validity shall be for a period of calendar days 5. PhilGEPS Registration Certificate shall be attached upon submission of the quotation if applicable. 6. Bidders shall submit original brochures showing certification of the products being offered. 7. Winning bidder(s) from outside Butuan City must appear personally or sent authorized representative to sign contract and claim 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 | | | | | |
| | | | Printed Name/Signature of Company | | | |
| | Name and Signature of Canvasser | | | | Tel. No. / CP No | o. / email address |
| | | | | | | |