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 item/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 _____ in sealed envelope marked with the reference no. (PR # 25-05-AP0082

ABELF. WADAS
Chairman, Bids and Awards Committee

ITEM No.	ITEM & DESCRIPTION		BRAND MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST
	Catering Services with venue for the Conduct of						-
	'Salamat-Mabuhay' for DR. ESCOLASTICO S. CAGATIN						
	on June 27, 2025 at Trento, Agusan del Sur						
		MENU					
	Lunch	Grilled Tuna		pax	100		
		Beef Stroganoff					
		Buttered Mixed Vegetable					
		Leche Flan					
		Steamed Rice					
		Juice in can					
		Lechon		pc	1		
							-

ABC: **55,000.00**
Source of fund: _____

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 sentity.*
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.*

After having carefully read and accepted your General Conditions, I/We quote on the item at prices noted above.

_____
Printed Name/Signature of Company Representative

_____
Name and Signature of Canvasser

_____
Tel. No. / CP No. / email address

_____
Date