Republic of the Philippines Department of Agriculture

Agricultural Training Institute Regional Training Center X

El Salvador City, Misamis Oriental

REQUEST FOR QUOTATION

Sir/Madam:

The ATI-RTC X desires to purchase the following articles, animals or services, the delivery of which has to be made within seven (7) working days from dealer's receipt of the corresponding letter order and/or purchase order unless otherwise specified herein. Please quote the unit price, inclusive of tax, for each of the items below in a sealed envelope addressed to the ATI-RTC X, EI Salvador City, Misamis Oriental. This proposal is subject to the terms and conditions, and that the ATI-RTC X reserves the right to reject some or all quotations, waive any defects therein or accept those that which are most advantageous to the government.

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Very truly yours, JAVIER P. ANDALAN/HONEYLOU C. B.	ASTASA	
Chairman/Vice Chairman BAC PR No.:	2024.12.338	Approved Budget Contract: P 130,000.00

THE BAC Chairman, ATI-RTC X El Salvador City, Misamis Oriental

With reference to the above request for quotations, I/We hereby quote my/our price per unit as listed below:

Stock Code/ Property No.	QTY	UNIT	tations, I/We hereby quote my/our price per unit as listed below:	Item/Brand Offered	Unit	T I.D.:
гторену по.			PARTICULARS Office cubicles and hanging filing cabinet		Price	Total Price
1	3	Unit	Single person workstation; including: CPU Stand + Pedestal 3 Drawers 45 type Aluminum alloy with melamine board frame, Melamine with glass partition E1 grade 25mm melamine board with PVC edging desktop (W1200*D600* H1100) Color: Beige			
2	2	Unit	2 working person workstation; 45 type Aluminum alloy with melamine board frame, Melamine with glass partition, E1 grade 25mm melamine board with PVC edging desktop (W1200*D1200 *H1107) Color: Beige			
			Note: Quoted price should include: Labor, inspection	and installation of		
			office cubicle			
			xxxNothing Followsxxxx			
PURPOSE		POSE	For Partnership and Accreditation Section's (PAS) office improvement.			

Very truly yours,						
(Signature over Printe	ed Name of Proprietor/Manager or Authorized Rep)	Procurement Coordinator				
Contact No.:						
Company Name:						
Address:						
TIN No.:						
Date:						
Please Check:	Vat: Non-Vat:					