

## Republic of the Philippines AGRICULTURAL TRAINING INSTITUTE Regional Training Center XIII Los Angeles, Butuan City Mobile Nos. 09369010366/09293546355

## REQUEST FOR QUOTATION

		REQUEST FOR QU	OIAII	ON		0 F FFD 20	
					Date: 1 5 FEB 202 Quotation #: 74 - 02 - 070		
					Quotation #.	JA-02-010	
	Name of Company						
	Address						
	TIN No.						
	Please quote your best offer for the items/s	described herein, subject to	the Terms	and Conditions	provided 1 2 F	ED 2024	
	the shortest time of delivery and submit you	r quotation duly signed by y	our repres	sentative not late	r than	EB 2024	
in the a	attached envelope and return it sealed.				Willians.	1.	
					VIOLETA T. LAGI	UNA	
					BAC Chairperso	on	
ITEM	TERM & DESCRIPTION	BRAND				4	
No.	ITEM & DESCRIPTION	MODEL	UNIT	QUANTITY	UNIT COST	TOTAL COST	
1	Complete fertilizer (14-14-14)		bag	15			
2	urea fertilizer (46-0-0)		bag	15			
			× -				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	Note: Free delivery to the site	ac, isianas					
	Requisitioner: Neptali V. Madarimot						
	Delivery date:						
	29-02-093						
	29-02-0-0						
		ABC: 57,000.00					
Note:	1. All entries must be typewritten or legibly writt	ten in ink		Source of fund:	Corn Progra	<u>m</u>	
	2. Warranty shall be for a period of six (6) month		(1) year fo	or			
	equipment from date of acceptance by procuring entity.						
	3. Price validity shall be for a period of calendar days 4. Documentary requirements to be submitted along with your quotation:						
	4.1 PhilGEPS Registration Number/Certificate						
	4.2 Mayor's/Business Permit						
	<ul> <li>4.3 Income/Business Tax Return</li> <li>4.4 Omnibus Sworn Statement - Duly Notarized - form can be downloaded in the ATI-RTC13 website</li> <li>4.5 PCAB Lic. (Infra) if applicable</li> </ul>						
	After having carefully read and accepted your Terms and Conditions, 1/We quote on the item at prices noted above.						
	g and a series jour series and something, if the quote off the fell at prices flower above.						
			Signature over Printed Name of Company Owner or				
				Authorized Representative			
				Date:		*	
	Name and Signature of Canvas	ser		Cellphone No.			
				email Address:			