



REQUEST FOR QUOTATION

RFQ No.: _____ Date: _____

Business Name: _____

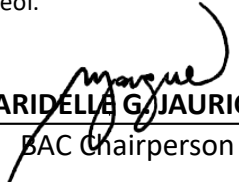
Address: _____

Contact No.: _____ TIN: _____

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The DA-Agricultural Training Institute-Regional Training Center CALABARZON, through the Bids and Awards Committee (BAC) intends to quote at your government price/s, taxes included, and such terms and condition that you may encounter purpose for article/s and/or services enumerated below. You may submit counter offer with different specifications, brand, terms and conditions. Same would be indicated clearly and signed by the authorized representative.

You can submit your offer in a separate cover with your official letterhead indicated clearly and signed by the authorized representative. The Institute reserves its right to accept or reject any or all bids / offers / quotation or waive any defect hereof.


MARIDELLE G. JAURIGUE
BAC Chairperson

Solicitation No.: RFQ-ATI-RTC4A-2024-06-112

Purpose: Supply and Delivery of various agricultural/farm products as token for the conduct of Training on Coconut Products and By-products - Farmer Level (8 Batches)

Place/Venue: DA-ATI CALABARZON, Trece Martires City, Cavite

Activity Date: July - October 2024

NO.	QTY	UNIT	SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	80	set	VARIOUS AGRICULTURAL/FARM PRODUCTS		
			• LSA Products		
			• Farm Products		
			• with packaging		
			• inclusive of tax and delivery charges		
			<i>*for more details, please call our landline number specified on the letterhead or email your queries/concerns to supply_rtc4a@ati.da.gov.ph</i>		
TOTAL AMOUNT					

I hereby certify that I am in a position to furnish the above article(s) / services at the prices and in quantities as called for except as I have indicated. The articles are available in our stock for immediate delivery to the Agricultural Training Institute at Trece Martires City. We can deliver the item/s _____ working days from receipt of the Purchase Order. Our offer is good for _____ days only.

Canvassed by: _____
Signature over Printed Name
of ATI IV-A Canvasser

Prepared by: _____
Signature over Printed Name
Name of Proprietor/Manager/
Authorized Representative

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