Republic of the Philippines
Department of Agriculture
AGRICULTURAL TRAINING INSTITUTE
8575 Camerino Street, Barangay Lapidario, Trece Martires City, Cavite
Tel. No. & Fax No. (046) 419-0210
Email:rtc_calabarzon@ati.da.gov.ph
URL:https://ati2.da.gov.ph/ati-4a

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

Solicitacion No.: *RFQ-ATI-RTC4A-2024-07-161*

Purpose: Supply and Delivery of Microsoft Office and Antivirus for renewal of licenses for DA-ATI CALABARZON Staff

Place of Delivery: DA-Agricultural Training Institute CALABARZON, Brgy. Lapidario, Trece Martires City, Cavite

NO.	QTY	UNIT	SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	3	license	Microsof Office, Home & Student 2021, lifetime		
	20	license	Antivirus, for 3 users, 2 years		
				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