

**Department of Agriculture
AGRICULTURAL TRAINING INSTITUTE
REGIONAL-TRAINING CENTER-VII CENTRAL VISAYAS
Beside City Park, Cabawan District, Tagbilaran City
Mobile No: 09173218524
Email add: ati7.philgeps@gmail.com**

REQUEST FOR QUOTATION

Date: _____
RFQ No. _____

Name of Company: _____
Address: _____
Business Permit No: _____ Tin No: _____ VAT Non-VAT

Please quote your lowest offer for the item/s described below, subject to the General Conditions stated below, and submit your quotation duly signed by you or your representative.

General Conditions:

- 1 PRICES SHOULD BE INCLUSIVE OF VAT.
- 2 PRICE VALIDITY SHALL BE FOR A PERIOD OF 60 CALENDAR DAYS
- 3 PLEASE ATTACH TOGETHER WITH YOUR QUOTATION A COPY OF THE FOLLOWING:
 - I. SHOPPING
 - MAYOR'S/BUSINESS PERMIT -PHILGEPS REG. NUMBER (for 50k & above, if registered)
 - II. SMALL VALUE PROCUREMENT
 - MAYOR'S/BUSINESS PERMIT -PHILGEPS REG. NUMBER (for 50k & above, if registered)
 - OMNIBUS SWORN STATEMENT (for ABCs above 50k) -ITR (for ABC above 500K)
 - PROFESSIONAL LICENSE/CV (for Consulting Services) -PCAB (for infrastructure)
 - FOR COOPERATIVE (Certificate of Compliance, Menu)
- 4 MANAGEMENT RESERVES THE RIGHT TO REJECT OUTRIGHT ANY CONTINGENT BIDS.
- 5 BID PRICES SHOULD BE VALID 45 DAYS FROM THE DATE OF QUOTATION

MA. GRACIA SOLIVA-PUNGAY
BAC Chairman

After having carefully read and accepted the General Conditions, I/we submit our quotation/s for the item/s as follows:

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	Total
	25	pax	Food (full board) for 3 days		
	25	pax	Accommodation for 2 nights		
	3	days	Training Venue		
			<i>Preferences:</i>		
			<i>-Full board meals with</i>		
			<i>Appetizer</i>		
			<i>At least 3 main dishes</i>		
			<i>Dessert/Fruits</i>		
			<i>with free flowing coffee/tea</i>		
			<i>-Supplier should include the Menu together with the quotation</i>		
			TOTAL:		
PURPOSE:		For the conduct of Training on Plant Nursery Establishment, Management and Accreditaion for Coconut, Cacao and Coffee (Batch 1) on October 3-5,2023 at Ubay, Bohol.			

Printed Name /Signature
(Supplier/Dealer)

Telephone No. / Cellphone No. / E-mail Address