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		
			Preferences:		
			-Full board meals with		
			Appetizer		
			At least 3 main dishes		
			Dessert/Fruits		
			with free flowing coffee/tea		
			-Supplier should include the Menu together with the quotation		
			TOTAL:		
PURPOSE:			For the conduct of Training on Plant Nursery Establishment, Management and Accreditaion for Coconut, Cacao and Coffee (Batch 2) on October 10-12,2023 at Tuburan, Cebu.		

_____
Printed Name /Signature
(Supplier/Dealer)

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