

**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
 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
- 3 -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)

REFERENCE GPPB RES. NO. 21-2017 DATED 30 MAY 2017

- 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
	1	unit	20 ft. standard used Container Van		
			TOTAL:		
PURPOSE:		For the storage of records.			

 Printed Name /Signature
 (Supplier/Dealer)

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