

**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
 - 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 |
|-----------------|------|---|-----------------------------------|------------|-------|
| | 25 | pax | Food (full board) | | |
| | | | Meal Preferences: | | |
| | | | Appetizer | | |
| | | | at least 3 dishes | | |
| | | | Dessert/fruits | | |
| | | | with free flowing coffee/tea/milo | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL: | | - |
| PURPOSE: | | For the Training on Native Goat Production and Management Batch 3 aATI 7 Complex, Cabwan Dist., Tagbilaran City on December 18-20.2023. | | | |

Printed Name /Signature
(Supplier/Dealer)

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