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 o | f Compar | ıy: | | | | | _ | |
| Address | s: s Permit I | No: | Tin | Tin No: VAT | | VAT | Non-VAT | |
| | | _ | vest offer for the item/s described below, subject to the General Conditions stated below, and submit your quotation duly sign | | | | | |
| • | • | esentative. | for the item/s described below, subject t | o tile dellera | di Conditions sta | iteu below, | and submit your quotation duly signed | |
| General | Conditions | : | | | | | | |
| | 1 | PRICES SHO | OULD BE INCLUSIVE OF VAT. | | | | | |
| | 2 | | DITY SHALL BE FOR A PERIOD OF 60 CALE | | | | | |
| | | | TACH TOGETHER WITH YOUR QUOTATION | N A COPY OF | THE FOLLOWIN | G: | | |
| | | | I. SHOPPING -MAYOR'S/BUSINESS PERMIT -PHILGEPS REG. NUMBER (for 50k & above, if registered) | | | | | |
| | | II. SMALL VALUE PROCUREMENT | | | | | | |
| | 3 | | | | | | | |
| | | | SWORN STATEMENT (for ABCs above 50k) | | | | | |
| -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. | | | | | | | | |
| | - | _ | S SHOULD BE VALID 45 DAYS FROM THE D | _ | | 103. | | |
| | , | DID I MICES | SHOOLD DE VALID 43 DATSTROWTHE D | ME OF QUO | | A. GRACIA | A SOLIVA-PUNGAY | |
| | | | | | | | Chairman | |
| After ha | ving care | fully read a | and accepted the General Conditions, | I/we submi | t our quotatio | n/s for the | e item/s as follows: | |
| | | · | | | | <u> </u> | | |
| NO. | QTY. | UNIT | ITEM AND DESCRIPTION | | UNIT PRICE | | Total | |
| | 220 | pax | Food (1 meal and 2 snacks) | | | | | |
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| | | | | TOTAL: | | | | |
| | | | <u> </u> | TOTAL | | | | |
| PUR | POSE: | For the co | onduct of CFIDP Information Caravan | on Decemb | er 20,2023 at S | San Migue | l, Bohol. | |
| | | • | | | | | | |
| | | | | | | | | |
| | | | Printed Name /Signature | | | | | |
| | | | | | (Supp | olier/Deale | er) | |
| | | | | | | | | |

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