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.

	f Compan	ıy:					_	
Address: Business Permit No:			Tin	Tin No:		VAT	Non-VAT	
		owest offer esentative.	for the item/s described below, subject to	o the Genera	l Conditions sta	ted below,	, and submit your quotation duly signed	
General	Conditions	:						
	1	PRICES SH	OULD BE INCLUSIVE OF VAT.					
	2		IDITY SHALL BE FOR A PERIOD OF 60 CALE TACH TOGETHER WITH YOUR QUOTATIOI NG		THE FOLLOWIN	G:		
-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)				
•					-ITR (for ABC above 500K)			
			ONAL LICENSE/CV (for Consulting Services) PERATIVE (Certificate of Compliance, Menu)	-PCAB (for in	rastructure)			
		REFERENCE GPPR	8 RFS. NO. 21-2017 DATED 30 MAY 2017					
	4		MENT RESERVES THE RIGHT TO REJECT OU	TRIGHT ANY	CONTINGENT B	IDS.		
	5	BID PRICES	S SHOULD BE VALID 45 DAYS FROM THE D	ATE OF QUO	TATION			
MA. GRACIA SOLIVA-PUNGAY								
						BAC	C Chairman	
After ha	ving care	fully read a	and accepted the General Conditions,	I/we submit	our quotation	n/s for the	e item/s as follows:	
ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION		UNIT PRICE		Total	
	1	unit	Imaging Unit IUP24 (Cyan)					
	1	unit	Imaging Unit IUP24 (Magenta)					
	1	unit	Imaging Unit IUP24 (Yellow)					
				TOTAL:				
PURPOSE:								
PUR	POSE:	For the m	aintenance of the photocopier Develo	op Ineo+ 33!	51 assigned at	the CDM	S office.	

Printed Name /Signature (Supplier/Dealer)

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