

**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)
- 3
- 4 MANAGEMENT RESERVES THE RIGHT TO REJECT OUTRIGHT ANY CONTINGENT BIDS.
- 5 BID PRICES SHOULD BE VALID 45 DAYS FROM THE DATE OF QUOTATION

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

**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
	2	tube	Toner Cartridge-C (HP Color LaserJet Managed MFP E78228dn)		
	2	tube	Toner Cartridge-M (HP Color LaserJet Managed MFP E78228dn)		
	2	tube	Toner Cartridge-Y (HP Color LaserJet Managed MFP E78228dn)		
	2	tube	Toner Cartridge-K (HP Color LaserJet Managed MFP E78228dn)		
			<i>* Note: toners should be genuine</i>		
			<b>TOTAL:</b>		
<b>PURPOSE:</b>		For Office and Training supplies for the month of January to April 2024.			

\_\_\_\_\_  
 Printed Name /Signature  
 (Supplier/Dealer)

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