

**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
  - 3 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 |
|-----------------|------|---|---|------------|-------|
|                 | 2    | units   | <b>Notebook</b><br>-Processor: i3/i5<br>-RAM: 4GB<br>-Memory: 215GB/512GB SSD |            |       |
|                 | 2    | units   | Printer 3n1 (refillable ink)  |            |       |
|                 | 2    | units   | Modem/Prepaid wifi  |            |       |
|                 |      |   |   |            |       |
|                 |      |   | <b>TOTAL:</b>   |            |       |
| <b>PURPOSE:</b> |      | For FITS Establishment Project 2024 under RCEF Program. (Kiosk) |   |            |       |

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

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