## **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 Compan Address:			VAT				
Business Permit N	lo:Tir	Tin No:		Non-VAT			
Please quote your lo by you or your repr	owest offer for the item/s described below, subject esentative.	to the General Conditions s	tated below, a	and submit your quotation duly signed			
General Conditions:							
1	PRICES SHOULD BE INCLUSIVE OF VAT.						
_	PRICE VALIDITY SHALL BE FOR A PERIOD OF 60 CALI PLEASE ATTACH TOGETHER WITH YOUR QUOTATIO  I. SHOPPING  -MAYOR'S/BUSINESS PERMIT  II. SMALL VALUE PROCUREMENT  -MAYOR'S/BUSINESS PERMIT  -OMNIBUS SWORN STATEMENT (for ABCs above 50k)  -PROFESSIONAL LICENSE/CV (for Consulting Services)  -FOR COOPERATIVE (Certificate of Compliance, Menu)		or 50k & above,	,			
4	REFERENCE GPPB RES. NO. 21-2017 DATED 30 MAY 2017  MANAGEMENT RESERVES THE RIGHT TO REJECT OF	UTRIGHT ANY CONTINGENT	BIDS.				
5	BID PRICES SHOULD BE VALID 45 DAYS FROM THE D	DATE OF QUOTATION					
		MA. GRACIA SOLIVA-PUNGAY					
			BAC (	Chairman			
After having caref	fully road and accomted the Conoral Conditions	L/wa submit our quatati	on/s for the	itom/s as fallows:			

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
	550	pax	Food (lunch) for 1 day		
			TOTAL:		
PUR	POSE:	For the CF	FIDP-SOA graduation on September 27, 2024 at A	Alegria, Cebu.	

Printed Name /Signature (Supplier/Dealer)

Telephone No. / Cellphone No. / Email Address