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: Tir	n No:	_ VAT	Non-VAT
Please quote your lowest offer for the item/s described below, subject by you or your representative.	to the General Conditions	stated below,	and submit your quotation duly signed
General Conditions: 1 PRICES SHOULD BE INCLUSIVE OF VAT. 2 PRICE VALIDITY SHALL BE FOR A PERIOD OF 60 CALI PLEASE ATTACH TOGETHER WITH YOUR QUOTATIO 1. SHOPPING -MAYOR'S/BUSINESS PERMIT 11. SMALL VALUE PROCUREMENT 3 -MAYOR'S/BUSINESS PERMIT -OMNIBUS SWORN STATEMENT (for ABCs above 50k) -PROFESSIONAL LICENSE/CV (for Consulting Services) -FOR COOPERATIVE (Certificate of Compliance, Menu)	-PHILGEPS REG. NUMBER -PHILGEPS REG. NUMBER -PHILGEPS REG. NUMBER -ITR (for ABC above 500K) -PCAB (for infrastructure)	(for 50k & abov	,
4 MANAGEMENT RESERVES THE RIGHT TO REJECT OF 5 BID PRICES SHOULD BE VALID 45 DAYS FROM THE D	DATE OF QUOTATION	MA. GRACIA	SOLIVA-PUNGAY Chairman
After having carefully read and accepted the General Conditions,	, I/we submit our quotat	_	

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	Total
	35	pax	Food (full board) for 3 days		
	35	pax	Accommodation (3 nights)		
	3	days	Venue rental		
			Preferences: -Full board meals with		
			Appetizer		
			At least 3 main dishes		
			Dessert/Fruits		
			with free flowing coffee/tea		
			-Supplier should include the Menu together with the quotation		
			-Room Accommodation: at most 3 pax per 1 room		
			TOTAL:		-
PUR	POSE:	For the co	onduct of Training on Nursery Estbalishment, Ma	nagement and	Accreditation Batch 1 on October 22-24, 2024

Printed Name /Signature
(Supplier/Dealer)
Telephone No. / Cellphone No. / E-
mail Address