

**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)
- 3 -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
	35	pax	Food (full board) for 5 days on August 12-16, 2024		
	35	pax	Food (full board) for 5 days on August 26-30, 2024		
<b>TOTAL:</b>					-
<b>PURPOSE:</b>		For the Enhancing the Technical Capability of the Coconut Farmers Beneficiaries on the Operation and Management of the CFIDP-Shared Processing Facilities: Training on Production and By-products Phase 1 Batch 2 on August 12-16, 2024 and Batch 3 on August 26-30, 2024 at Bohol.			

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