# 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: $\qquad$ Tin No: $\qquad$ VAT $\qquad$ 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

3 -MAYOR'S/BUSINESS PERMIT
-OMNIBUS SWORN STATEMENT (for ABCs above 50k)
-PROFESSIONAL LICENSE/CV (for Consulting Services)
-PHILGEPS REG. NUMBER (for 50k \& above, if registered)
-ITR (for ABC above 500K)
-PCAB (for infrastructure)

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 <br> NO. | QTY. | UNIT | ITEM AND DESCRIPTION | UNIT PRICE | Total |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  | Package 4 days |  |  |
|  | 40 | pax | Food (full board) for 3 days |  |  |
|  |  |  | last day (breakfast and lunch) |  |  |
|  |  |  | Accommodation (4 nights) |  |  |
|  |  |  | Function Hall |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

Printed Name /Signature
(Supplier/Dealer)
$\overline{\text { Telephone No. / Cellphone No. / E- }}$
mail Address

