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:				<u></u> ,		
Business Permit No:	Tin No: VAT		VAT	Non-VAT		
Please quote your lowest offer for by you or your representative.	the item/s described below, subject	to the General Conditions st	tated below, a	and submit your quotation duly signed		
General Conditions:						
1 PRICES SHOUL	D BE INCLUSIVE OF VAT.					
= -	Y SHALL BE FOR A PERIOD OF 60 CALI CH TOGETHER WITH YOUR QUOTATIO		NG:			
•	ISINESS PERMIT UE PROCUREMENT	-PHILGEPS REG. NUMBER (fo	r 50k & above,	if registered)		
-OMNIBUS SW -PROFESSIONA	SINESS PERMIT ORN STATEMENT (for ABCs above 50k) AL LICENSE/CV (for Consulting Services) KTIVE (Certificate of Compliance, Menu)	-PHILGEPS REG. NUMBER (fo -ITR (for ABC above 500K) -PCAB (for infrastructure)	r 50k & above,	if registered)		
	NO. 21-2017 DATED 30 MAY 2017 IT RESERVES THE RIGHT TO REJECT OU	UTRIGHT ANY CONTINGENT	BIDS.			
5 BID PRICES SH	OULD BE VALID 45 DAYS FROM THE D	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		
			Package 4 days				
	40	pax	Food (full board) for 3 days				
			last day (breakfast and lunch)				
			Accommodation (4 nights)				
			Function Hall				
			*includes transportation services				
		TOTAL:					
PUR	POSE:	SE: For the conduct of 2024 Mid Year Performance, Planning and Management Review on July 2-5, 2024 at Siquijor.					

Printed Name /Signature (Supplier/Dealer)

Telephone No. / Cellphone No. / Email Address