

**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: \_\_\_\_\_ 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
  - 3 -MAYOR'S/BUSINESS PERMIT -PHILGEPS REG. NUMBER (for 50k & above, if registered)  
 -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
			<b>Day 1</b>		
	35	pax	Food (Lunch, Dinner, AM & PM Snacks)		
			<b>Day 2</b>		
	35	pax	Food (3 meals and 2 snacks)		
			<b>Day 3</b>		
	35	pax	Food (Breakfast, Lunch, AM & PM Snacks)		
	35	pax	Accommodation for 2 nights		
	3	days	Venue rental		
			<b>TOTAL:</b>		
<b>PURPOSE:</b>	For the Sikwatehan sa Kalubihan: Training on Coconut-Cacao Farming System Batch 4 on September 3-5, 2024 at Siquijor, Siquijor.				

\_\_\_\_\_  
 Printed Name /Signature  
 (Supplier/Dealer)

\_\_\_\_\_  
 Telephone No. / Cellphone No. / E-  
 mail Address