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.		
Names -	f Commo-			ארע ויוס.	-	
Name o Address	f Compan	y:				_
Business Permit No:			Tin No:		VAT	Non-VAT
Please ni	inte vour l	owest offer	for the item/s described below, subject to the Gene	ral Conditions sta	- ated below	and submit your quotation duly signed
		esentative.	To the item, a described below, subject to the dene	rar conditions st	acca below	, and submit your quotation daily signed
General	Conditions	:				
	1	PRICES SH	OULD BE INCLUSIVE OF VAT.			
	2		IDITY SHALL BE FOR A PERIOD OF 60 CALENDAR DAY: TACH TOGETHER WITH YOUR QUOTATION A COPY C		IG:	
		-MAYOR'S	S/BUSINESS PERMIT -PHILGEPS	REG. NUMBER (for	50k & abov	e, if registered)
	2		VALUE PROCUREMENT	DEC NUMBER /for	EOk & above	o if registered)
	3	-OMNIBUS	S SWORN STATEMENT (for ABCs above 50k) -ITR (for AB	REG. NUMBER (for 3C above 500K) infrastructure)	JUK & ADOV	e, ii registereu)
			PERATIVE (Certificate of Compliance, Menu)	,		
		REFERENCE GPPE	3 RES. NO. 21-2017 DATED 30 MAY 2017			
	4	MANAGEN	MENT RESERVES THE RIGHT TO REJECT OUTRIGHT AN	IY CONTINGENT E	BIDS.	
	5	BID PRICES	S SHOULD BE VALID 45 DAYS FROM THE DATE OF QU			
				N		IA SOLIVA-PUNGAY C Chairman
. 6.	. ,					
After ha	ving caref	fully read a	and accepted the General Conditions, I/we subm	nit our quotatio	n/s for the	e item/s as follows:
ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION	UNIT PRICE		Total
	45	pax	Food (3 meals and 2 snacks) for 3 days			
			Menu:			
			Rice			
			Appetizer			
			Two Main Courses:			
			pork/chicken/beef dishes			
			fish dishes			
			Vegetable dish			
			Soup			
			Fruit	1	†	
		 	Snacks:		+	
			Corn/rootcrop/fruit-based delicacies			
			Note: with water & corn brew/milo/tea and			
			candies			
			1	1		
		-	TOTAL			
			TOTAL			
PUR	POSE:		TOTAL raining on Coconut Porduction and Managemen n City, Bohol.		12-14, 20	24 at ATI RTC 7, Training Complex,

(Supplier/Dealer)

Telephone No. / Cellphone No. / Email Address

Printed Name /Signature