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 Address	f Compar 	ıy:				<u>-</u>	
Business Permit No:			Tin No:		VAT	Non-VAT	
		owest offer esentative.	for the item/s described below, subject to the Gener	ral Conditions sta	ted below,	and submit your quotation duly signed	
	Conditions						
General			OULD BE INCLUSIVE OF VAT.				
	2	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	B/BUSINESS PERMIT -PHILGEPS	REG. NUMBER (for	50k & above	, if registered)	
			/ALUE PROCUREMENT				
	3	-OMNIBUS	SWORN STATEMENT (for ABCs above 50k) -ITR (for ABCs above 50k)	REG. NUMBER (for BC above 500K) nfrastructure)	50k & above	, if registered)	
		MANAGEN	RES. NO. 21-2017 DATED 30 MAY 2017 MENT RESERVES THE RIGHT TO REJECT OUTRIGHT AN		BIDS.		
	5	BID PRICES	S SHOULD BE VALID 45 DAYS FROM THE DATE OF QU		IA GRACIA	A SOLIVA-PUNGAY	
				···		Chairman	
After ha	ving care	fully read a	nd accepted the General Conditions, I/we subm	it our quotation	n/s for the	item/s as follows:	
ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION	UNIT PRICE		Total	
	60	pax	Food (1 meal and 2 snacks) for 1 day				
	30	pax	Food (3 meals and 2 snacks) for 3 days				
			TOTAL	.:			
PURPOSE:		For the conduct of CommUnity Link: Adopt an FCA Project: Product Presentation on November 6, 2024; SSOP and GMP Training on November 19-21, 2024 at Loon, Bohol.					

Printed Name /Signature (Supplier/Dealer)

Telephone No. / Cellphone No. / Email Address