

DATE: __

Republic of the Philippines
Department of Agriculture
AGRICULTURAL TRAINING INSTITUTE
ATI Building, Elliptical Road, Diliman, Quezon City, Metro Manila 1100
Tel. Nos. (63-2) 8929-8541 to 49 & 8928-7397 Fax No. (63-2) 8920-9792
Email: ati_director@ati.da.gov.ph & ati_director@yahoo.com
URL: http://www.ati.da.gov.ph; www.e-extension.gov.ph

REQUEST FOR QUOTATION

| DATE: | 11/20/2023 PURCHASE REQUEST NO.: CDMD FUND 2023-11-51 | | | | canvass no. 4 | |
|--|---|-----------|---|------------------------------|---------------|-------|
| Gentlen | ien: | | | | | |
| Please quote your lowest price, taxes included, and subject to the terms and conditions that you may encounter purposely for article (s) and/or service(s) enumerated below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than in the return envelope attached here with. | | | | | | |
| Very tru | ıly yours: | | | | | |
| EDITHA BAC Cha | S. VINUYA | | | | | |
| ITEM NO. | QTY | UNIT | ITEM AND DESCRIPTION | | JNIT RICE | TOTAL |
| | 174 | рс | Advocacy Token (Backpack) with the following details: - plain color preferably black - fits a 15"/16" laptop - with dedicated laptop compartment - capacity of 20L to 30L - mesh back padding (please see attached) | | | |
| PURPOSE: To be used during the conduct of four (4) batches of Validation of the Competency-Based Curriculum in Luzon, Visayas and Mindanao. | | | | | | |
| Pls. submit the following eligibility documents: Mayor's/Business PermitIncome Tax ReturnNotarized Omnibus Sworn StatementPhilGEPS Registration Number/Red MembershipCertificate of Sole Distributorship Note: Pls. provide also the following: contact information such as email address and mobile/landline numbers; Tax Identification Number and Bank Details | | | | | | |
| I hereby | certify that I a | am in the | position to furnish the above article(s), service(s) ted. The articles are available in our stock for im d, Diliman, Quezon City | | | |
| DELIVE WARRA | : RY PERIOD: NTY PERIOD: ; 'ALIDITY: | | | d name of proprietor/Manager | r | |
| CANVASSED BY: or Authorized Representative | | | | | | |



MULTIPLE POCKETS





CAPACITY BEFORE AND AFTER COMPARISON

store at a glance



MULTI-LAYER STRUCTURE, REASONABLE STORAGE





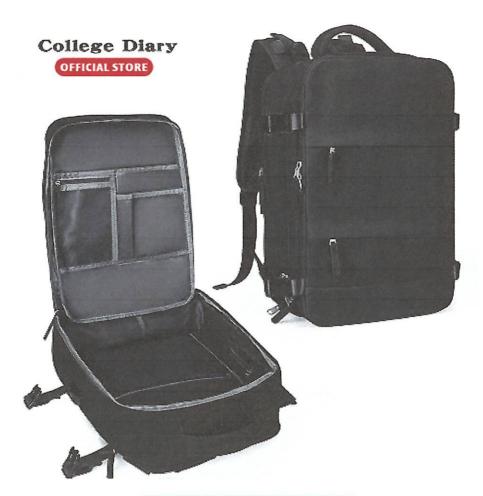
Top Pocket



Front Pocket



Laptop Compartment



MULTIPLE POCKETS

