

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

D	AT	Έ:	10.	/25	/20	2:

PURCHASE REQUEST NO.: ISD (OA) FUND 2023-10-80

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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.	ly yours:
10.	()

EDITHA S. VINUYA

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ITEM	QTY	UNIT	ITEM AND DESCRIPTION	UNIT	TOTAL
NO.	<u> </u>	Otti	TEMPINE BESSIAL HOIV	PRICE	TOTAL
	600	рс	Printing of National Organic Agriculture Program Badge (Button Pins) General Specifications: Size: 2.25" Colors: Full Color Others: Files supplied; Provision of mock-up/proofing prior to printing Badge NOAP logo		
PURPOS	I SE:			L	A TERROTOR SPECIES AND A CONTRACT OF SECURITION OF SECURIT
		elegates a	nd participants during the National Organic Agriculture Month	Celebration.	
Pls. sub	mit the follow	ing eligibil	ity documents:		***************************************
Mag	yor's/Business	s Permit			
0.00000.00	ome Tax Retur				
	tarized Omnib				
			ber/Red Membership		
Cer	tificate of Sole	Distribute	orship		
Note: Pl	ls. provide also	the follow	ving: contact information such as email address and mobile/la	ndline numb	ers; Tax
	cation Number				

I hereby certify that I am in the position to furnish the above article(s), service(s) at the prices and in quantities as called for except as I have indicated. The articles are available in our stock for immediate delivery to the Agricultural Training Institute, Elliptical Road, Diliman, Quezon City

MODEL:	
DELIVERY PERIOD:	
WARRANTY PERIOD:	
PRICE VALIDITY:	Signature Over printed name of proprietor/Manager
	or Authorized Representative
CANVASSED BY:	
DATE:	