



Republic of the Philippines
Department of Agriculture
AGRICULTURAL TRAINING INSTITUTE
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REQUEST FOR QUOTATION

DATE: 06/19/2024


PURCHASE REQUEST NO.: ADMIN FUND 2024-06-104

CANVASS NO. 26

Gentlemen:

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 truly yours:


MIL AGROS C. URBANO
BAC Chairman 6/19

| ITEM NO. | QTY | UNIT | ITEM AND DESCRIPTION | UNIT PRICE | TOTAL |
|----------|-----|------|---|------------|----------|
| 1 | lot | | General cleaning and replacement of defective parts Hyundai County Coaster 2028 (SAB 8249) Scope of works: <ul style="list-style-type: none">• Pull down evaporators for general cleaning and leak test; add capella oil and vacuum; recharge freon gas• Replace filter drier• Replace expansion valve• Replace compressor with brandnew• Flushing of system• Replace fan belt• Replace the auxiliary fan motor with the blade | | <u>1</u> |

PURPOSE:

General cleaning and replacement of defective parts for ATI Vehicle Hyundai County Coaster 2018 with plate number SAB-8249

Pls. submit the following eligibility documents:

- ☒ Mayor's/Business Permit
☐ Income Tax Return
☒ Notarized Omnibus Sworn Statement
☒ PhilGEPS Registration Number/Red Membership
☐ Certificate 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 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: _____

CANVASSED BY: _____

DATE: _____

Signature Over printed name of proprietor/Manager
or Authorized Representative