

Date _____

(PLEASE SEE TERM AND CONDITION AT THE BACK)

REQUEST FOR QUOTATION



Republic of the
Philippines
Department of
Agriculture
**BUREAU OF
FISHERIES AND
AQUATIC
RESOURCES
BIDS AND
AWARDS
COMMITTEE**
Arellano Blvd.,
Cebu City
Tel.No.:(032) 239-
3820 local
106/09976619824 E-
mail:
bacbfar7@gmail.com

REQUEST FOR QUOTATION

PROCUREMENT MODE:

NP-Small Value Procurement

Name of
Company/Business

Date: _____

RFQ No.: _____

PR No.: 23 - 09 - 1692

Complete Company Name Address

Taxpayer
Identification No.
(TIN)

PhilGeps
Registration No.

To whom it may concern:

Please quote your best offer for the item/s described herein, subject to the **Terms and Condition** attached of this Request for Quotation.

Submit your duly signed Quotation in a sealed envelope not later than the deadline on **October 12, 2023 at 4:00 PM at BFAR-7 BAC** -

office 3rd floor, Arellano Blvd. Cebu City together with the required documents, to wit:

- Valid & Current Business/Mayor's Permit
- PhilGeps Certificate
- Income Tax Return; and
- Professional License / Curriculum vitae (*if consulting services*)
- PCAB License (*if INFRASTRUCTURE*)
- Menu (*if Catering Services*)

Proposals may be submitted through electronic mail at bacbfar7@gmail.com.

LUZVIMINDA R. BATO
BAC Chairperson

| PLEASE QUOTE: PER ITEM/PER LOT | | | | | SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX | |
|---------------------------------------|---|------|------|-----------------------------------|---|-------------|
| No. | ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATION) | QTY. | UNIT | APPROVED BUDGET OF CONTRACT (ABC) | FINANCIAL PROPOSAL <i>(Indicate the Price Offer)</i> | |
| | | | | 11,500.00 | UNIT PRICE | TOTAL PRICE |
| 1 | Ink Pump Unit | 1 | pc | | | |
| 2 | Inking Noozle Drum | 1 | pc | | | |
| 3 | Rubber Tension | 1 | pc | | | |
| 4 | Stripper Pad | 1 | pc | | | |
| 5 | Stripper Base | 1 | pc | | | |
| 6 | Transfer Built; 14* 0.65* 381 | 2 | pcs | | | |

Printed Name and
Signature of
Authorized
Representative

Official Contact
No./Mobile No.

Date

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