REQUEST FOR QUOTATION



REQUEST FOR QUOTATION PROCUREMENT MODE: NP-Small Value Procurement

Tel.No.:(032) 239-3820 local 106/09976619824 E-mail: bacbfar7@gmail.com		
	RFO No:	
Name of Company/Business	PR No.:	24 - 01 - 214
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 <u>March 16, 2024 at 4:00 PM</u> 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 bacbfar 7 @gmail.com.

LUZVIMINDA R. BATO

BAC Chairperson

					BAC Chairperson		
PLEASE QUOTE: <u>PER ITEM/PER LOT</u>						SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
				APPROVED	FINANCIAL PROPOSAL		
No.	ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATION)	QTY.	UNIT	BUDGET OF	(Indicate t	he Price Offer)	
140.		Q	Oitii	CONTRACT (ABC)	UNIT PRICE	TOTAL PRICE	
				37,000.00			
1	Scrub Suit (with BFAR and Name embroidery)	16	set				
	Specs:						
	2-pocket V-neck top						
	Cargo-lite pans						
	Made of 100% cotton						
	Wrinkle-resistant						
	Color, Navy blue and steel grey						
2	Laboratory Gown (long sleeves and with BFAR and name enbroidery)	6	pcs				
	Specs:						
	Made of 100% cotton						
	Wrinkle-resistant						
3	Laboratory Shoes (white color)	8	pcs				
	Specs:						
	Spill-resistant and friendly						
	Easy to clean						
	,						
	BFAR - 7/RFLs						
	To be used by the laboratory analyst during Analysis						
	, , , , ,						

SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION

After having carefully read and accepted your Terms and Conditions, I,	/we quote you on the item/	s at price/s noted above f	or immediate delivery and
shipment which can be made in Twenty Five (25) calendar days to be o	delivered at Cebu Province	from receipt of the Purc	hase Order/Notice of Award

Printed Name and Signature of Authorized Representative	
Official Contact No./Mobile No.	
Date	

(PLEASE SEE TERM AND CONDITION AT THE BACK)





BUREAU OF FISHERIES AND AQUATIC RESOURCES BIDS AND AWARDS COMMITTEE

Arellano Blvd., Cebu City

10.110.1032/ 233 3020 1004 100/03370013024 E main. sacasjar/eg/main.com	D	ate:	
Name of Company/Business	- R	FQ No.:	
	PI	R 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 <u>October 12, 2023 at 4:00 PM</u> 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 bacbfar 7@gmail.com.

LUZVIMINDA R. BATO

BAC Chairperson

PLEASE QUOTE: <u>PER ITEM/PER LOT</u>					SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
		QTY. UN	QTY. UNIT	APPROVED	FINANCIAL PROPOSAL (Indicate the Price Offer)	
No.	ITEM DESCRIPTION			BUDGET OF CONTRACT (ABC)		
	(ITEM NAME & TECHNICAL SPECIFICATION)				UNIT PRICE	TOTAL PRICE
				11,500.00		
	Ink Pump Unit	1	рс			
2	Inking Noozle Drum	1	рс			
	Rubber Tension	1	рс			
	Stripper Pad	1	рс			
5	Stripper Base	1	рс			
	Transfer Built; 14* 0.65* 381	2	pcs			
7	RISO Ink KZ Type	1	рс			
	RFTFCD					
	Used for One (1) Unit RISO					
	2000 10. 0.10 (.) DIRECTION					
				1		
				1		

SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION

After having carefully read and accepted your Terms and Conditions, I/we quote you on the item/s at price/s noted above for immediate delivery
and shipment which can be made in 7 calendar days to be delivered at Cebu Province from receipt of the Purchase Order/Notice of Award

Printed Name and Signature of
Authorized Representative
Official Contact No./Mobile No.
Date

(PLEASE SEE TERM AND CONDITION AT THE BACK)

REQUEST FOR QUOTATION



REQUEST FOR QUOTATION PROCUREMENT MODE: NP-Small Value Procurement

		Date:
Name of Com	pany/Business	RFQ No.:
		PR No.: <u>23 - 09 - 1692</u>
Complete Cor	npany Name Address	
Taxpayer Idei	ntification No. (TIN)	
PhilGeps Regi	stration No.	
To whom it	may concern:	
	Please quote your best offer for the item/s described herein, subject to the Terms and C	Condition attached of this Request for Quotation
	Submit your duly signed Quotation in a sealed envelope not later than the deadline on C	October 12. 2023 at 4:00 PM at BFAR-7 BAC -

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

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

- 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: <u>PER ITEM/PER LOT</u>						SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
	ITEM DESCRIPTION			APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		
No.	(ITEM NAME & TECHNICAL SPECIFICATION)	QTY.	UNIT		UNIT PRICE	TOTAL PRICE	
				11,500.00			
	Ink Pump Unit	1	рс				
	Inking Noozle Drum	1	рс				
	Rubber Tension	1	рс				
4	Stripper Pad	1	рс				
5	Stripper Base	1	рс				
6	Transfer Built; 14* 0.65* 381	2	pcs				
7	RISO Ink KZ Type	1	рс				
			1				
	RFTFCD						
	Used for One (1) Unit RISO						
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	SLIDDLIED (CONTRACTOR (CONSULTANT'S CERTIFICATION						

SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION

After having carefully read and accepted your Terms and Conditions, I/we quote you on the item/s at price/s noted above for immediate delivery
and shipment which can be made in 7 calendar days to be delivered at Cebu Province from receipt of the Purchase Order/Notice of Award

Printed Name and Signature o Authorized Representative	of
Official Contact No./Mobile No	0.
Date	

(PLEASE SEE TERM AND CONDITION AT THE BACK)

REQUEST FOR QUOTATION

Department of Agriculture

	Tel.No.:(032) 239-3820 local 106/09976619824 E-mail: bacbfar7@gmail.com				Date:		
	Name of Company/Business	_			RFQ No.:		<u>23 - 11 - 211</u>
	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 Submit your duly signed Quotation in a sealed envelope not later the office 3rd floor, Arellano Blvd. Cebu City together with the required	an the dead	lline on De		-		
	 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. 				LUZVIMIN BAC Cha		
	PLEASE QUOTE: PER ITEM/PER LOT				1	CONTRAC	CTOR/CONSULTANT'S
				APPROVED		INANCIAI	L PROPOSAL
0.	ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATION)	QTY.	UNIT	BUDGET OF CONTRACT (ABC)	UNIT PRIC		e Price Offer) TOTAL PRICE
				12,000.00			
	Electric Fan, (Wall or Stand Fan)	2	units				
	NSAP						
	NOAI						
	Used for NSAP Office	+					
	Used for NSAP Office			1	1		
	Used for NSAP Office						
	Used for NSAP Office						
	Used for NSAP Office						
	Used for NSAP Office						
	Used for NSAP Office						

shipment which can be made in <u>Twenty Five (25) calendar days</u> to be delivered at Cebu Province from receipt of the Purchase Order/Notice of Award

Printed Name and Signature of
Authorized Representative
Official Contact No./Mobile No.
Date

(PLEASE SEE TERM AND CONDITION AT THE BACK)