REQUEST FOR QUOTATION



Proposals may be submitted through electronic mail at bacbfar 7 @gmail.com.

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 - 254
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	t to the Terms and Condition attached of this Red	quest for Quotation.
Submit your duly signed Quotation in a sealed envelope not later th	an the deadline on 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)		

LUZVIMINDA R. BATO

BAC Chairperson

PLEASE QUOTE: <u>PER ITEM/PER LOT</u>						SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
		QTY.		APPROVED	FINANCIAL PROPOSAL		
No.	ITEM DESCRIPTION		UNIT	BUDGET OF	(Indicate t	he Price Offer)	
	(ITEM NAME & TECHNICAL SPECIFICATION)	,	0	CONTRACT (ABC)	UNIT PRICE	TOTAL PRICE	
				24,250.00			
	Chest Freezer, 7 cubic ft.	1	unit				
	PFO - Neg. Or.						
	Supply and delivery of 1 unit Chest Freezer for Siganid Culture in Cage						
	for SAAD Phase 2 progran						

SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION

After having carefully read and accepted your	r Terms and Conditions, I/we quote you on the item/s at price/s noted above for immediate deli	very and
shipment which can be made in Twenty Five	(25) calendar days to be delivered at Neg. Or. Province from receipt of the Purchase Order/No	tice of Award

Printed Name and Signature of Authorized Representative		
Official Contact No./Mobile No.		
Date	(PLEASE SEE TERM AND CONDITION AT THE RACK)	





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)

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LUZVIMINDA R. BATO

BAC Chairperson

PLEASE QUOTE: <u>PER ITEM/PER LOT</u>					SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
				APPROVED	FINANCIAL PROPOSAL	
No.	ITEM DESCRIPTION	QTY.	UNIT	BUDGET OF CONTRACT (ABC)	(Indicate the Price Offer)	
	(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	FINANCIAL PROPOSAL (Indicate the Price Offer)		
No.	(ITEM NAME & TECHNICAL SPECIFICATION)	QTY.	UNIT	CONTRACT (ABC)	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						
	\		<u> </u>				
			<u> </u>				
			 				
	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					CONTRA	CTOR/CONSULTANT'S
				APPROVED		INANCIAI	L PROPOSAL
ο.	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						
	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)