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 Compa	any/Business	•	PR No.:	24 - 02 - 425
Complete Comp	pany Name Address			
Taxpayer Identi	ification No. (TIN)	•		
PhilGeps Regist	ration No.			
To whom it ma	ay concern:			
	Please quote your best offer for the item/s described herein, subject	to the Terms and Condition	attached of this Requ	est for Quotation.
	Submit your duly signed Quotation in a sealed envelope not later that	n the deadline on	at 4:00 I	PM at BFAR-7 BAC -
	office 3rd floor, Arellano Blvd. Cebu City together with the required of	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

SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX PLEASE QUOTE: PER ITEM/PER LOT APPROVED FINANCIAL PROPOSAL ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATION) BUDGET OF CONTRACT (Indicate the Price Offer) QTY. UNIT PRICE TOTAL PRICE (ABC) 19,000.00 Flexible hose 2" sphiral 12 mtrs Shading net 70% 1 bdl BFAR - 7/ Bantayan Legislated Supply and delivery to be used at the hatchery operation

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 immedia	te delivery and
shipment which can be made in Twenty Five (25) calendar days to be delivered at Bohol 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 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)

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

LUZVIMINDA R. BATO

BAC Chairperson

PLEASE QUOTE: PER ITEM/PER LOT					SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX		
	ITEM DESCRIPTION	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		
No.							
	(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						
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				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: PER ITEM/PER LOT				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				
	RFTFCD						
	Used for One (1) Unit RISO						
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	SLIDDLIED /CONTRACTOR /CONSLILTANT'S CERTIFICATION		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 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.				LUZVIMINI BAC Cha		
	PLEASE QUOTE: PER ITEM/PER LOT					ONTRA	CTOR/CONSULTANT'S
	ITEM DESCRIPTION			APPROVED BUDGET OF		NANCIAI	PROPOSAL e Price Offer)
ο.	(ITEM NAME & TECHNICAL SPECIFICATION)	QTY.	UNIT	CONTRACT (ABC)	UNIT PRICE		TOTAL PRICE
	Florida For (Malling Otto J For)	0		12,000.00			
	Electric Fan, (Wall or Stand Fan)	2	units				
_							
	NSAP						
	NSAP 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)