

# 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

RFO No: \_\_\_\_\_

PR No.: 24 - 02 - 440

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 **March 18, 2024 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 (Indicate the Price Offer)	
					UNIT PRICE	TOTAL PRICE
				14,025.00		
	Finisher feeds, 25kgs/bag, floater	6	bags			
	Frymash, 10kgs/bag, floater	6	bags			
	PFO - Bohol					
	To be used for 6 units backyard Tilapia hatchery in support of the TARGET Program CY 2024					

**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 **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 BACK)

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