REQUEST FOR QUOTATION



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

REQUEST FOR QUOTATION PROCUREMENT MODE: NP-Small Value Procurement

	remon(002) 200 0000 1000 0000 001002 1 2 main bacajan eginameon		RFO No:	
Name of Con	npany/Business	-	PR No.:	24 - 02 - 499
Complete Co	plete Company Name Address Payer Identification No. (TIN) Please quote your best offer for the item/s described herein, sue Submit your duly signed Quotation in a sealed envelope not lat	-		
Taxpayer Ide	ntification No. (TIN)	-		
PhilGeps Reg	ristration No.	-		
To whom it	may concern:			
	Please quote your best offer for the item/s described herein, subject	t to the Terms and Condition attack	ched of this Reque	est for Quotation.
	Submit your duly signed Quotation in a sealed envelope not later the	an the deadline on	at 4:00 PI	M 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 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) 20,000.00 Water Pump 16hp (honda) with suction diameter x discharge dia. unit 1 inches 3 x 3 PFO - Bohol Supply and delivery of 1 unit Water Pump for 24 units Tilapia Pond under SAAD Phase 2 program

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 <u>Twenty Five (25) calendar days</u> 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	RFQ No.:		
omplete Company Name Address	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				
	ITEM DESCRIPTION	QTY.	UNIT	APPROVED	FINANCIAL PROPOSAL (Indicate the Price Offer)		
No.				BUDGET OF			
	(ITEM NAME & TECHNICAL SPECIFICATION)			CONTRACT (ABC)	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

	ation No. (TIN) ion No. concern:	Date:
Tel.No.:(032) 239-3820 local 106/09976619824 E-mail: bacbfar7@gmail.com Name of Company/Business Complete Company Name Address Faxpayer Identification No. (TIN) PhilGeps Registration No. Fo whom it may concern:	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>				
			 				
	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
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						
	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)