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 - 02 - 557
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 Re	quest for Quotation.
Submit your duly signed Quotation in a sealed envelope not later the	an the deadline on at 4:0	10 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)		

 $\label{proposals} Proposals\ may\ be\ submitted\ through\ electronic\ mail\ at\ bacbfar 7 @gmail.com.$

LUZVIMINDA R. BATO

BAC Chairperson

					BAC Chairperson	
PLEASE QUOTE: <u>PER ITEM/PER LOT</u>					SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX	
		1		APPROVED	FINANCIAL PROPOSAL	
No.	ITEM DESCRIPTION	QTY.	UNIT	BUDGET OF	(Indicate the Price Offer)	
	(ITEM NAME & TECHNICAL SPECIFICATION)			CONTRACT (ABC)	UNIT PRICE	TOTAL PRICE
				33,135.00		
1	Epoxy Primer (white)	15	gals			
2	Roller brush # 6	8	pcs			
3	Styro balls 6 dia.	25	pcs			
4	PVC ball valve # 1	36	pcs			
5	Solvent	1	can			
	MSH - Sinandigan Ubay					
	To be used for Rotifer and larval tank repainting and maturation area					
	peremiter bouys installation					
	,					
		1				
		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 f	or immediate delivery and
shipment which can be made in Twenty Five (25) calendar days to be o	delivered at Bohol Province	from receipt of the Pure	chase 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: <u>PER ITEM/PER LOT</u>					SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX							
		QTY.								APPROVED	FINANCIAL PROPOSAL	
No.	ITEM DESCRIPTION		LINIT	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>						CTOR/CONSULTANT'S DSAL 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				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)