



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

**REQUEST FOR QUOTATION
 PROCUREMENT MODE:
 NP-Small Value Procurement**

Name of Company/Business

RFO No: _____

PR No.: 24 - 03 - 776

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 **April 1, 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, Tax Clearance and TIN
- 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 <i>(Indicate the Price Offer)</i>	
					UNIT PRICE	TOTAL PRICE
				6,200.00		
	Catering Services					
	April 4, 2024					
	AM Snacks	20	pax			
	Lunch	20	pax			
	FMRED					
	To be served during the conduct workshop for reconciliation of Fish-pond Rental as per records from accounting office and records from					
	RLS					

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 **One (1) 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



Republic of the Philippines
 Department of Agriculture

REQUEST FOR QUOTATION
 PROCUREMENT MODE:



Name of Company/Business _____

Date: _____

RFQ No.: _____

Complete Company Name Address _____

PR No.: **23 - 09 - 1692**

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 **October 12, 2023 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)

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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
				11,500.00		
1	Ink Pump Unit	1	pc			
2	Inking Noozle Drum	1	pc			
3	Rubber Tension	1	pc			
4	Stripper Pad	1	pc			
5	Stripper Base	1	pc			
6	Transfer Built; 14* 0.65* 381	2	pcs			
7	RISO Ink KZ Type	1	pc			
RFTFCD						
Used for One (1) Unit RISO						

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

