## **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 - 03 - 678
	_		
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>April 2, 2024 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, 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 bacbfar 7 @gmail.com.

#### **LUZVIMINDA R. BATO**

**BAC Chairperson** 

						BAC Chairperson	
PLEASE QUOTE: <u>PER ITEM/PER LOT</u>						ACTOR/CONSULTANT'S OSAL BOX	
	ITEM DESCRIPTION		UNIT	APPROVED BUDGET OF	FINANCIAL PROPOSAL (Indicate the Price Offer)		
No.		QTY.					
	(ITEM NAME & TECHNICAL SPECIFICATION)			CONTRACT (ABC)	UNIT PRICE	TOTAL PRICE	
				26,579.00			
	Chest Freezer 7 cu ft.	1	unit				
	PFO - Neg. Or. Used for Brgy. Barras Mabinay, Neg. Or. Under SAAD Phase 2						
	Used for Brgy. Barras Mabinay, Neg. Or. Under SAAD Phase 2						
		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	e for immediate delivery and
shipment which can be made in <b>Twenty Five (25) calendar days</b> to be	e delivered at Neg. Or. Provir	nce from receipt of the	Purchase Order/Notice of Award

Printed Name and Signature of
Authorized Representative
Official Contact No./Mobile No.
Data

(PLEASE SEE TERM AND CONDITION AT THE BACK)





# 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			
	<del>-</del>		
Taxpayer Identification No. (TIN)			
	<del>-</del>		
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>						ACTOR/CONSULTANT'S OSAL BOX		
						APPROVED	FINANCIAL PROPOSAL	
No.	ITEM DESCRIPTION	QTY.	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 <b>7 calendar days to be delivered at Cebu Province</b> 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	<b>Condition</b> 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 BI		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>				
			<del>                                     </del>				
	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 <b>De</b>		-		
	<ul> <li>Valid &amp; Current Business/Mayor's Permit</li> <li>PhilGeps Certificate</li> <li>Income Tax Return; and</li> <li>Professional License / Curriculum vitae (if consulting services)</li> <li>PCAB License (if INFRASTRUCTURE)</li> </ul>						
	<ul> <li>- Menu (if Catering Services)</li> <li>Proposals may be submitted through electronic mail at bacbfar7@gmail.com.</li> </ul>				<b>LUZVIMIN</b> 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)