



Republic of the Philippines
 Department of Agriculture
BUREAU OF FISHERIES AND AQUATIC RESOURCES
BIDS AND AWARDS COMMITTEE (BAC) OFFICE
 Peñaranda Street, Barangay Taft, Surigao City

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| REQUEST FOR QUOTATION Mode of Procurement 611-23 | |
| <input type="checkbox"/> SHOPPING (b) | |
| <input checked="" type="checkbox"/> NP(Small Value Procurement) | |
| <input type="checkbox"/> NP(Lease of Real Property or Venue) | |
| Please check whichever is applicable | |

Company Name

PR No.: 2023-11-1250
 PhilGEPS Ref No.

Complete Company Address

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| <p>To whom it may concern: December 21, 2023</p> <p>Please quote your lowest price/s on the lot or item/s listed below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than, December 27, 2023 to the address listed above.</p> <p style="text-align: center;"><i>Very truly yours,</i></p> <p style="text-align: center;"><u>ANNA MELISSA M. TALAVERA</u> BAC Chairperson</p> | <p style="text-align: center;"><u>CANVASSER'S CERTIFICATION</u></p> <p style="text-align: center;">This is to certify that I have full knowledge, authority and responsibility in distributing and/or guidelines in securing prices for the Bureau of Fisheries and Aquatic Resources.</p> <p style="text-align: center;"><u>BENJIE L. GARAY</u> Authorized Canvasser</p> |
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| PLEASE QUOTE : PER ITEM/PER LOT | | | | | SUPPLIER/CONTRACTOR/CONSULTANT DISPOSAL BOX | | | | |
|--|------|--|-----|-----------------------------------|--|-------|-------|--|----|
| NO. | Unit | ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATIONS) | QTY | APPROVED BUDGET OF CONTRACT (ABC) | FINANCIAL PROPOSAL (Indicate Price Offer) | | | TECHNICAL PROPOSAL (Indicate Brand/Model Offer) | |
| | | | | | UNIT | PRICE | TOTAL | YES | NO |

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|--|-----|---|------|-------------------|--|--|--|--|--|
| Labor and Materials for the General Check up and Repair of One Unit Passenger Elevator in Sitio Tawilon Brgy. Ambago, Butuan City | | | | | | | | | |
| | | General Check up and Repair of One Unit Passenger Elevator | | | | | | | |
| | | Scope of Works | | | | | | | |
| | lot | Check up and Repair | 1.00 | 250,000.00 | | | | | |
| | | *****NOTHING FOLLOWS***** | | | | | | | |
| | | TOTAL | | 250,000.00 | | | | | |

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| <p style="text-align: center;">GENERAL CONDITIONS:</p> <ol style="list-style-type: none"> All entries must be written and legible; Bidders must submit the following documents: <u>Shopping (Sec. 52.1(b))</u> Mayor's/Business Permit; PhilGEPS Registration Number <u>Small Value Procurement (Sec. 53.9)</u> Mayor's/Business Permit; ;Prof. License/CV (consulting services); PhilGEPS Registration Number, PCAB License (Infra); Income/Business Tax Return; Omnibus Sworn Statement Place this RFQ in a sealed envelope and type the following details on the face of the envelope: <ul style="list-style-type: none"> ✓ Your Company Name ✓ RFQ No. ✓ PR No. ✓ PHILGEPS Reference No. Item/s delivered must have warranties for unit replacements, parts, labor and other services; Price validity shall be for a period of three (3) months Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC) Delivery Period must be at least within <u>thirty (30)</u> calendar days upon receipt of the Purchase Order (Indicate days of delivery in the Bidder's Certification Box); Transactions with BFAR shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment; Failure to comply with these conditions shall mean disqualification of your bid proposal. | <p style="text-align: center;">SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION</p> <p>Date: _____</p> <p style="text-align: center;">After having carefully read and accepted your General Conditions, I/we quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in _____ days from receipt of Notice of Award.</p> <p style="text-align: center;">_____ Printed Name & Signature of Authorized Representative</p> <p style="text-align: center;">_____ Company Tel./Fax/Mobile No.</p> <p style="text-align: center;">_____ Company Tax Identification No. (TIN)</p> |
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