BUREAU OF FISHERIES AND AQUATIC RESOURCES - 10

Macabalan, Cagayan de Oro City

REQUEST FOR QUOTATION

Company Name and T.I.N

Address

Vat/Non-Vat:_____, COD/CREDIT:_____

Please quote your lowest price on the item(s) below per PR No. _____, subject to the general conditions at the bottom, stating the shortest time of delivery. Submit your quotation based on the **Approved Budget for the Contract (ABC)** per unit and duly signed by your representative not later than ______, in the return envelope attached herewith.

Item and Description / Specification ABC per Unit Oty. Unit Unit Cost Total Cost	AMOR J. GAPUZ Procurement Officer		
	t		
1 LOCAL TRANSPORT PERMIT 580.00 125 pad			
Specification			
Anti forgery A4 size white-colored paper			
Three (3) copies for each set			
- White for client			
- Yellow for file copy			
- Blue for extra copy for client			
Font Cambria			
xxxxxx nothing follows xxxxxx			

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices quoted above.

Printed Name/Signature

Name and Signature

Date: _

Canvasser: _

GENERAL CONDITIONS:

1. All entries must be filled in, legible, preferably typewriten/encoded.

2.Bidders must submit documentary requirements indicated in the Checklist below.

3. Any alteration/erasure/overwriting shall be initialed by the bidder or his authorized representative.

4. Delivery must be within five (5) calendar days upon receipt of the Purchase Order.

5. Item/s delivered must have warranties for unit replacements, parts, labor or other services.

6. Price offer validity shall be for a period of six (6) months from the Bidder's RFQ date.

7. Transactions with BFAR shall mean compliance by the winning Bidder with the bid proposal and delivery requirements before processing of payment.

8. Failure to comply with these conditions shall mean **<u>DISQUALIFICATION</u>** of your bid.

Checklist of Documentary Requirements	ABC below	ABC	ABC
(Certified True Copy)	P50,000	above	above
1. Business Permit	\checkmark	\checkmark	
2. PhilGEPS Registration Number	\checkmark	\checkmark	
3. Omnibus Sworn Statement	-	\checkmark	\checkmark
4. Income Tax Return	-	-	
5. Professional License & Curriculum Vitae	1	1	1
(Consultancy)	v	v	v
6. PCAB License (Infrastructure)			
7. NFCC (Infrastructure)	\checkmark		

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Date

Tel. No./Cellphone No.