Department of Agriculture
BUREAU OF FISHERIES AND AQUATIC RESOURCES
REGIONAL OFFICE NO. III
BIDS AND AWARDS COMMITTEE OFFICE
Government Center, Maimpis, City of San Fernando, Pampanga
Tel. No: (045) 455-0823 | Email: bfar3bacgitnangluzon@gmail.com

# REQUEST FOR QUOTATION

**PROCUREMENT MODE:**
**S53.9 NP- Small Value Procurement**

_____
*Company Name*

_____
*Complete Company Address*

_____
*Valid Email Address*

**Date:** July 17, 2024
**RFQ No.:** 423
**PR No.:** 2024-07-986
**PHILGEPS Ref. No.:** _____
**Page No.:** _____

***To whom it may concern:***

*Please quote your lowest price/s on the lot/s 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 to the address listed above not later than*

***(Monday) July 22, 2024*** *at* ***2:00 PM*** .

***Very truly yours,***

**GERALDINE M. SAYCO**
**Head, BAC Secretariat**

**CANVASSER'S CERTIFICATION**

*This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for the Bureau of Fisheries and Aquatic Resources.*

(Signature above Printed Name )
**AUTHORIZED CANVASSER**

**PLEASE QUOTE BY:** **LOT**

| NO. | ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATIONS) | QTY. | UNIT | APPROVED BUDGET FOR THE CONTRACT (ABC) | SUPPLIER/ CONTRACTOR/ CONSULTANT'S PROPOSAL BOX | | |
|---|---|---|---|---|---|---|---|
| | | | | | FINANCIAL PROPOSAL (Indicate Price Offer) | | TECHNICAL PROPOSAL (Indicate Brand/ Model Offer) |
| | | | | | UNIT PRICE | TOTAL PRICE | |
| 1 | Supply and delivery of 70 pax meals and snacks for the conduct of Fishery Management Regulation Enforcement Division meeting for targets and accomplishment for 2nd and 3rd quarter on July 24, 2024 at BFAR R3 Training Hall, CSFP. | 70 | pax | **35,000.00** | | | |
| | | | | | | | |
| | **Inclusion:** | | | | | | |
| | AM snacks | | | | | | |
| | Lunch | | | | | | |
| | PM Snacks | | | | | | |
| | free flowing coffee | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | **Total** | | | | | | |

**GENERAL CONDITIONS:**

1. **ALL ENTRIES MUST BE WRITTEN LEGIBLY AND COMPLETELY. INCOMPLETE OR BLANK ENTRIES SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
2. Bidders must submit/attach the ff;
   **** Mayor's/Business Permit***
   **** Professional License /Curriculum Vitae (Consulting Services)***
   **** PhilGEPS Reg. Number***
   **** PCAB License (For Infra.)***
   **** Income/Business Tax Return (for ABCs above P500k)***
   ****Notarized Omnibus Sworn Statement (for ABCs above P50k)***
3. Place this RFQ in a sealed envelope and indicate the following details on the face of the envelope:
   **** Your Company Name * RFQ No. * PHILGEPS Reference No.***
   **** Address & Telefax No. * PR No. * Date & Time of Deadline***
4. **Delivery is on the Date of the Event Indicated Above (State COMPLY or NOT COMPLY in the Supplier's Certification Box)**
5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
6. Price validity shall be for a period of three (3) months;
7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
8. Transactions with BFAR shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
9. **FAILURE TO COMPLY WITH THESE CONDITIONS SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
10. Terms of Payment: At least Thirty (30) days upon effectivity of Job Order.
11. Payment will be made through checks or direct credits to Landbank account of the payee.

**END-USER:** KEITH CARLOY
**PLACE OF DELIVERY:** BFAR R3 Training Hall CSFP
**PROCURING UNIT:** FMRED-ERMSOC

**SUPPLIER/ CONTRACTOR/ CONSULTANT'S CERTIFICATION**

**Date:** _____

***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 the NUMBER OF DAYS I/ WE INDICATED BELOW , from receipt of the Job Order.***

**DELIVERY PERIOD:** _____ **DAYS**

_____
**Printed Name & Signature of Authorized Representative**

_____
**Company Tel./ Fax/ Mobile No.**

_____
**Company Tax Identification No. (TIN)**

_____
**PHILGEPS REGISTRATION CERTIFICATE NO.**

_____
**BANK DETAILS-ACCT NUMBER, ACCT. NAME, BRANCH**