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: August 20, 2024
RFQ No.: 487
PR No.: 2024-08-1185
PHILGEPS Ref. No.:
Page No.: 1 of 1

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

Tuesday, August 27, 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.

HAZIEL JOY V. ADRIANO
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	
	Supply and Delivery of Meals and Snacks to be served during the conduct of Postharvest Livelihood Technologies as requested by OFW Associations in Capas, Tarlac on September 5, 2024	**40**	**pax**	**24,000.00**			
	Inclusions:						
	- free delivery to the site						
	- packed in good condition						
	- with fruits in season						
	- with free flowing coffee						
	- AM, PM Snacks and Lunch						
	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. 10. Terms of Payment: At least Thirty (30) days upon completion of the Contract.
11. Payment will be made through checks or direct credits to Landbank account of the payee.

END-USER: MA. CHARITO M. COMA
PLACE OF DELIVERY: Capas, Tarlac
PROCURING UNIT: Training Section

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