Republic of the Philippines
Philippine Carabao Center
National Headquarters and Gene Pool
Science City of Muñoz, Nueva Ecija
Trunkline: (044) 456-0731 | (044) 456-0735

REQUEST FOR QUOTATION

Date: June 22, 2023

COMPANY NAME: _____

COMPANY ADDRESS: _____

Sir/Madam:

Please quote your best offer for the item/s listed below, subject to the terms and condition provided, duly signed by authorized representative not later than deadline of submission to _____ or drop at the **Procurement Section, Philippine Carabao Center, National Headquarters & Gene Pool, Science City of Munoz, Nueva Ecija**. For any clarification, you may call/message _____

Vepearly Gem Manuel / Rafael Cruz
Buyer/Canvasser

Noemi V. Balais
Procurement Officer

INSTRUCTIONS:

1. All goods offered must be inclusive of VAT, delivery charge, sales and other taxes, and incidental expenses.
2. Price Quotation/s must be valid for a period of Forty-Five (45) calendar days from the deadline of submission.
3. Warranty shall be for a period of at least six (6) months for supplies and one (1) year for equipment from date of acceptance by the Procuring Entity.
4. Delivery period shall be in calendar days.
5. Mayor's/ Business Permit, Philgeps Certificate/Registration, and other supporting/legal document required, shall be attached upon submission of the Quotations.
6. Bidders shall submit brochures showing specifications of the products being offered.
7. Quotation exceeding the Approved Budget of the Contract shall be rejected.
8. Award of contract shall be made to the lowest quotation which complies with the technical specification, financial component, legal requirements, and other terms and condition stated herein.

Project Title: Supply and Delivery of Pasteurized Carabao's Milk for DSWD Rizal

Approved Budget of the Contract: 2,147,040.00 **Solicitation No.** 2023-06-0056

ITEM No.	QTY	UNIT	ITEM AND DESCRIPTION	OFFERED TECHNICAL SPECIFICATION/ SERVICES	BUDGET PER UNIT	QUOTE PER UNIT
1	119,280	pack	Pasteurized Carabao's Milk for DSWD Region 4a Rizal	Please see attached TOR	18.00	

Place of Delivery: Please see attached TOR for Drop-off Point

Delivery Period: _____

Warranty: _____

Price Validity: _____

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

Name and Signature _____

Designation _____

Email Address _____

Tel. No./Cellphone No. _____

Company TIN _____

Date _____