

February 17, 2023	
Date	

REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

INSTRUCTION:

- 1. Bidders are required to read the instructions and fill all the blanks properly, Prospective Bidders/Suppliers are required to use this official canvass form in accomplishing their bid proposals/quotation.
- 2. Any specifications other than those required/stated in this form shall not be considered in their evaluation of bid.
- 3. Quotation must be the lowest price(s), taxes included for the item(s) services listed hereunder including delivery charges.
- 4. Always indicate the brand name of the offered items (s) or product.
- 5. Price quotation(s) submitted shall be valid for ONE HUNDRED TWENTY DAYS (120) days reckoned from the deadline for submission of quotations.
- 6. Terms of payment-Thirty (30) days from delivery of items(s)
- 7. Only sealed quotations shall be considered by BAC. The Bidders/Suppliers or Authorized Representative shall indicate on the envelope the RFQ Number and the company name of the bidder/supplier.
- 8. Awarding shall be done by LOT /CATEGORY only.
- 9. Delivery and/or Installation Period: calendar days upon receipt of Notice to Proceed

		DEADLINE FOR SUBMISSION OF BIDS		February 22, 20	February 22, 2023		4:00 PM	
	FS 2023-01-				Date		Time	
PR No.	001	End-user:	ANDREA JOYCE C. ARBUES	ABC: 61,300.00		0". 1		
Qty.	Unit		Item/Description		ABC (PhP)	Offered brand	Unit price	Total cost
170	рс	Bees wax foundation sheet			17,000.00			
356	kilo	Sugar			35,600.00			
50	рс	Bee apestan			7,500.00			
1	pack	Bee pollen substitute			1,200.00			
		Note:						
		Delivery period: 30 days	-10(5					
		Place of delivery: BAI Centi	ai Office		_			
the Bure	au of Animal Bids and Awanue, Dilin		CANVASSER'S CE and responsibility in distributing and/or coll (<u>Signature Over F</u> Authorized C	ecting the Request for Quotation Printed Name)	in accordance to the	ne guideline	s in securing p	vices for
			ubmit our quotation indicated above. I/We ls any or all said articles/services described			m requireme	ents and agree	to furnish
Signature Over Printed Name		_	Name of Company			Tax Identification Number		
							(To be filled b	
	Telepho	ne Number(s)		Address			Date accomp	lished
√ Ma	ayor's Permit	rements for submission (Updated) tration/Certificate (Updated)	✓ Income Tax Re ✓ Omnibus Sworr	turn (for ABCs above P500k) n Statement (For ABCs above P5 ided that the notarized OSS shall				

Rev. No.: 03 Nov. 15, 2021