



**Republic of the Philippines
Province of Negros Occidental
City of San Carlos**

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	0971
DATE:	August 22, 2024
PURCHASE REQUEST NO.	1-24-07-1275
DATED:	July 30, 2024
ABC:	Lot I <u>31,100.00</u>
	II <u>122,000.00</u> /
	III <u>23,000.00</u>
BAC RES. NO.	NP-SVP 1030-24
DATED:	August 22, 2024

CITY AGRICULTURE OFFICE /

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.


MA. BRITAD. REBADMIA
 CGADH I-PMSD

BAC Secretariat & Procurement Div.-CMO(Reassigned)

- NOTE:**
- ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 - WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
 - PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 - ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 - PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) EXCEPT FOR GASOLINE AND DIESEL FUEL.**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
Lot I.					
1	bot	Vit. ADE (100ml/bot)	10		
2	bot	Amoxicillin Long Acting Inj. 20% (100ml/bot)	2		
3	bot	Oxytetracycline Long Acting Inj. (100ml/bot)	2		
4	bot	Neomycin Sulfate + Kaolin + Pectin (Oral Sus.) (120ml/bot)	15		
5	box	Agmectin 0.3% Granulated Powder (60packs x 2grams)	5		
6	liter	Albendazole Suspension 15%	5		
Lot II.					
1	bag	Copra Meal, 50 kgs/bag	40		
2	bag	Corn Bran, 50 kgs/bag	20		
3	bag	Rice Bran, 50 kgs/bag	20		
4	bag	Hog Mash, 50 kgs/bag	5		
Lot III.					
1	bag	Hog Grower Feeds, Premium, 50 kgs/bag x-x-x-x-x-x-x-x-x-x Delivery Term:15 Working Days /	10		
PURPOSE		For use in Dispersal and Upgrading of Small Farm Animals, City Agriculture Office, this City. /			

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

Printed Name/Signature

CANVASSED BY: _____
Printed Name/Signature

Tel.No./Cellphone No./E-Mail Address

Date