	Republic of the Philippines **BULACAN AGRICULTURAL STATE COLLEGE**	Document No.: BASC-PRO-QSF-02 Rev. No.: 00
	REQUEST FOR QUOTATION	Effectivity Date: 06/03/2019

Project Reference Number:
Name of the Project:
Location of the Project:

Date: ____________________
Quotation No. ____________

Company Name ______________________________
Address ______________________________

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and sumbit your quotation duly signed by your representative not later than ______________________________ in the return envelope attached herewith.

MANDY D. BERNARDO
Procurement Officer

NOTE:
1. THE APPROVED BUDGET FOR THE CONTRACT IS __________.
2. ALL ENTRIES MUST BE TYPEWRITTEN.
3. DELIVERY PERIOD WITHIN ________ CALENDAR DAYS.
4. WARRANTY SHALL BE FOR A PERIOD OF three (3) MONTHS FOR NON-EXPENDABLE SUPPLIES ONE (1) YEAR NON-EXPENDABLE SUPPLIES FROM DATE ACCEPTANCE BY THE PROCURRING ENTITY.
5. PRICE VALIDITY SHALL BE FOR A PERIOD OF __________ CALENDAR DAYS.
6. PHILGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
7. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED.

ITEM No.	Unit	ITEM & DESCRIPTION	QTY	UNIT PRICE	TOTAL
		FREE RANGE CHICKENS -RTL (5 MONTHS OLD)			
1	piece	Female	360		
2	piece	Male	60		
		FEEDS			
3	bags	Layer Feeds (50kgs per bag)	30		
		Crude Protein (Min) 17.0%			
		Crude Fat (Min.) 5.0%			
		Crude Fiber (Max) 5.0%			
		Moisture (Max) 12.0%			
		Date of Delivery			
		March 5, 2025			
		Place of Delivery			
		Pulilan			
		Bocaue			
		Baliuag			

Item No. Item No.

Brand and Model: ______________ ______________ ______
Delivery Period: ______________ ______________ ______
Warranty: ______________ ______________ ______
Price Validity: ______________ ______________ ______

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

____
Printed Name / Signature

____
Tel. No. / Cellphone No.
e-mail address

____
Date