



Republic of the Philippines  
DEPARTMENT OF JUSTICE  
**Regional Prosecution Office XI**  
Ecoland, Davao City

**REQUEST FOR QUOTATION**

Date: **DEC 11 2020**  
Purchase Quotation No.: **2020-PQ-2SEM-COVID-10**  
P.R. No.: **2020-PR-\_\_\_\_\_**

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\_\_\_\_\_  
\_\_\_\_\_

**SIR/MADAM:**

Please quote your lowest price on the item/s listed below, subject to the General Conditions indicated therein and submit your quotation duly signed by your representative to the BAC Secretariat in-charge of RFQ or thru the authorized canvasser of this Department not later than DEC 15 2020.

This office shall reserve the right to reject any or all proposals/price quotations, if there are defects therein, accept the offer most advantageous to the government, and assumes no responsibility whatsoever to compensate or indemnify suppliers for any expenses incurred in the preparation.

**FRANCO M. FERNANDEZ** *for:*  
Administrative Officer V  
Finance Section Head  
DOJ - RPO XI

**ROBERT MICHAEL N. RAZON**  
Sr. Assistant Regional Prosecutor  
Chairperson – Bids and Awards Committee

ITEM NO.	QTY	UNIT	ARTICLE / MERCHANDISE / SPECIFICATION	A B C (Pesos)	UNIT PRICE
1	12	SETS	KNAPSACK SPRAYER	36,000.00	

**BILLING ARRANGEMENT:**

Payments will be settled via (LDDAP – ADA) **SEND BILL** through the Financial Service, Department of Justice, Manila.

**General Conditions:**

- All entries must be legibly written;
- Suppliers must indicate only one quote per item, multiple quotations are grounds for disqualification from participating in the procurement at hand;
- Quoted prices must be inclusive of taxes and other charges of fees and shall not exceed the Approved Budget for the Contract (ABC);
- Bidders must indicate warranties, and other terms and condition when applicable.

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices above and bind ourselves to deliver the above articles/merchandise within **FIVE (5) working days** from the receipt of your Approved Purchase Order.

Canvassed by:

*(Signature)*  
George Dave M. Maghari

Supplier:

\_\_\_\_\_  
Taxpayers Identification No.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
PHILGEPS Registration No.