



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
 Western Visayas

		Spectrum Protective fungicide 80 WP)			
3	pack	Fungicide/Bactericide, wettable powder, copper hydroxide, 770g/kg (1kg/pack)			
7	pack	Fungicide systemic, 50 WP (Benomyl 500g/kg) 100grams/pack			
15	pack	Methomyl (425g/pack)			
15	pack	Insecticide WP 85 Carbaryl 250g/pack			
15	pouch	Systemic Insecticide, 500g/kg, Cartap Hydrochloride, 100g/pouch			
8	liter	Insecticide 275 EC - Active ingredient - 250g/L Chlorpyrifos, 25g/L Cypermethrin			
20	sachet	Systemic Insecticide 40 WG - ai - Chlorantraniliprole (10 grams/sachet)			
2	gallon	Herbicide Glyphosate 480 SL			
4	sack	Granular insecticide/nematicide (a.i. carbofuran 30g/kg (16.7kg/sack)			
12	bottle	Insecticide, lambdacyhalothrin (2.5g/l) 1 ltrs/bottle			
15	bag	Urea (46-0-0), 50 kg/bag			
15	bag	Triple 14 (14-14-14), 50 kg/bag			
30	bag	Vermicast (10-25% moisture content) 50 kg/bag			
100	pack	Brown paper bags (#4 100pcs/pack)			
50	piece	Empty sack, 50 kg capacity			
50	piece	Plastic bags 30 x 50, polyethylene transparent 0.04			
		Terms and Conditions: For chemicals, all items must be FDA registered, Formulation date must be 2021 or later with attached brochure for items offered.			
		TOTAL			

For the Bids and Awards Committee:

MS. HUSSEIN A. DEROTAS
 GEPS Posted/DA Website/1 conspicuous place

MS. MAE P. NONES
 Head, Procurement Service Office

LAARNIE B. JARANDILLO / JAYMART P. MARTINEZ
 Canvasser

	Submission of RFQ	Signature over printed name
	RFQ to be collected on	
	RFQ to be submitted by supplier before deadline	

PR# 2023-04-1092
 RFQ# 2023-495



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Western Visayas

The DA RFO VI
Bids and Awards Committee
WESVIARC, Brgy. Buntatala
Jaro, Iloilo City

SIR / MADAM:

In connection with the above request, I/we submit our quotation indicated above. I/We have carefully read and fully understood the minimum requirements and agree to furnish and/or deliver in conformity with the specifications any or all said articles described above within the date stipulated herein.

Signature over Printed Name

Registered Name of Company

Tax Identification Number
(indicate VAT or non-VAT registered)

Address

Contact number(s)

E-mail Address

Banking Institution

Branch

Account Name

Account Number

Date Accomplished

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