



Republic of the Philippines  
**DEPARTMENT OF AGRICULTURE WESTERN VISAYAS**  
 Hamungaya, Brgy. Buntatala, Jaro, Iloilo City  
 westernvisayas@mail.da.gov.ph | (033) 336-4221

PR# 2024-1318

**July 23, 2024**  
 Date

**REQUEST FOR QUOTATION**  
 2024-803  
 (SVP)

**INSTRUCTIONS:**

1. Bidders are required to read the instructions and fill all the blanks properly.
2. Prospective Bidders/Suppliers may submit their own canvass form in accomplishing their bid proposals/quotations subject to the condition that the DARFO VI official RFQ form shall be filled up (with offered brand, unit price and total price), signed properly and attached together with the Bidder's/Supplier's own canvass form. (Please write legibly)
3. Any erasure or alteration in the unit and/or total price shall render the offer of the supplier invalid.
4. Any specifications other than those required/stated in this form shall not be considered in the evaluation of bids.
5. Quotation(s) must include all kinds of taxes for the item(s)/services listed hereunder, including delivery charges.
6. The brand name/model of the offered item(s)/product(s) or services must be indicated, if applicable/required.
7. Sealed Quotation(s) / Proposal(s) shall be manually submitted to DA Western Visayas, BAC Secretariat Office, RCPC Building, DA-WESVIARC., Brgy. Buntatala, Jaro, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission.**
- 8. DEADLINE FOR SUBMISSION OF BIDS: July 30, 2024 at 5:00 pm.**
9. Price quotation(s) submitted shall be valid for a period of 45 days reckoned from the deadline for submission of quotations.
10. Awarding shall be done for the whole lot. Partial bids shall not be allowed.
11. Validity of stocks: 60 days
12. Terms of payment: within 15 days after inspection and acceptance and shall be made through Land Bank's LDDAP-ADA/Bank Transfer facility. Bank Transfer fee, if any, shall be charged against the creditor's account.
13. Delivery period: **30 days upon receipt of NTP**
14. Delivery point: **RADDL, DA-RFO 6, Parola, Iloilo City**
15. The period of submission of the following documents are as follows:

Document	Submission Period*
Certified True Copy of Valid <b>Mayor's/Business Permit</b>	Should be submitted upon submission of Request for Quotation
Certified True Copy of <b>PhilGEPS Registration Number</b> (Red or Platinum)	
<b>Omnibus Sworn Statement</b> (for ABC above Php 50,000.00)	
<b>Income Tax Return</b> (for ABC above Php 500,000.00)	

16. Non-receipt of a Notice of Award within a period of 30 calendar days from the deadline of the submission of the RFQ is presumed that this offer is non-responsive.



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**PR No. 2024-1318 ABC: Php 598,000.00**  
**Solicitation No. 2024-526**

**End-User: ENGR. JOSE ALBERT A. BARROGO**  
**Contact No.:**

Quantity	Unit	Item Description	Brand Name /Model Offered	Unit Price	Total
		<b>Procurement of Supply and Delivery of AIV Antigen and Antiserum</b>			
2	vial	AIV H5N3 HI Antigen			
2	vial	AIV H7N7 HI Antigen			
2	vial	AIV H5N1 HI Antigen			
2	vial	AIV H7N1 HI Antigen			
2	vial	AIV H5N6 HI Antigen			
2	vial	AIV H5N8 HI Antigen			
2	vial	AIV H5N6 Antiserum			
2	vial	AIV H5N8 Antiserum			
10	kit	CAPRINE ARTRITIS & ENCEPHALITIS (CAE) ELISA KIT 2 plate per kit 184 test per kit detects antibody			
Terms and Conditions:		Supplier must have no history of incomplete delivery from the End User			
Expiration:		Not less than 1 year after delivery			
		<b>TOTAL</b>			



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For the Bids and Awards Committee:

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**REIN T. OROCIO**  
 Head, BAC-Secretariat

**DA WESTERN VISAYAS**  
 Bids and Awards Committee  
 WESVIARC, Hamungaya,  
 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