



Republic of the Philippines
DEPARTMENT OF AGRICULTURE WESTERN VISAYAS
 Parola, Forts San Pedro, Iloilo City
 westernvisayas@mail.da.gov.ph | (033) 336-4221

PR# 2025-0738

April 14, 2025
 Date

REQUEST FOR QUOTATION
 2025-499
 (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, 3rd Floor Regional Field Office 6, Parola, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission.**
8. **DEADLINE FOR SUBMISSION OF BIDS: April 21, 2025 at 12:00 noon.**
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 Mayor's/Business Permit | Should be submitted upon submission of Request for Quotation |
| Certified True Copy of PhilGEPS Registration Number (Red or Platinum) | |
| Omnibus Sworn Statement (for ABC above Php 50,000.00) | |
| Income Tax Return (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. 2025-0738
Solicitation No. 2025-323

ABC: Php 100,000.00

End-User: LORIE DEASIS
Contact No.: 500-4192

| Quantity | Unit | Item Description | Brand Name /Model Offered | Unit Price | Total |
|----------|--------|--|---------------------------|------------|-------|
| | | Procurement of Supply and Delivery of Rose Bengal Test Reagent | | | |
| 5 | Bottle | Brucella RPT (Rose Bengal Test) For rapid plate agglutination test 10ml/vial | | | |
| 2 | Bottle | Brucella Positive Control For rapid plate agglutination test 1ml/bottle | | | |
| 2 | Bottle | Brucella Negative Control For rapid plate agglutination test 1ml/vial | | | |
| | | Terms and Condition: Supplier must have no history of incomplete delivery from the end user | | | |
| | | Expiration: Not less than 1 year after delivery | | | |
| | | TOTAL | | | |

For the Bids and Awards Committee:

REIN T. OROCIO
 Head, BAC-Secretariat

DA WESTERN VISAYAS
 Bids and Awards Committee
 Regional Field Office 6
 Parola, 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