




Republic of the Philippines
 Department of Agriculture
SUGAR REGULATORY ADMINISTRATION
 Sugar Center Bldg., North Avenue, Diliman, Quezon City, Philippines 1101 TIN 000-784-336

Quotation No. **2023-0144**
 PR No.: **2023-02-0306**
 Date: **February 28, 2023**

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **MARCH 10, 2023**.


NOLIE TINGSON
 SUPPLY OFFICER IV

- NOTE:
1. SUPPLIERS SHALL QUOTE THEIR **LOWEST NET PRICE** ON THE ITEM/S LISTED BELOW, GIVING **FULL AND DETAILED DESCRIPTION** OF THEIR OFFERS TO BE SUBMITTED IN A **SEALED ENVELOPE** ADDRESSED TO THE SUGAR REGULATORY ADMINISTRATION.
 2. DELIVERY PERIOD SHALL BE WITHIN ___ CALENDAR DAYS.
 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF ___ CALENDAR DAYS.
 4. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM **DATE OF ACCEPTANCE BY THE PROCURING ENTITY**.
 5. **PHILGEPS CERTIFICATE OF REGISTRATION AND MEMBERSHIP SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.**
 6. OTHER REQUIREMENTS SUCH AS THE UPDATED **MAYOR'S/BUSINESS PERMIT, INCOME/BUSINESS TAX RETURN, PROFESSIONAL LICENSE/CURRICULUM VITAE (CONSULTING SERVICES), PCAB LICENSE (INFRASTRUCTURE PROJECTS) AND OMNIBUS SWORN STATEMENT (FOR SMALL VALUE PROCUREMENT WITH APPROVED BUDGET FOR THE CONTRACT OF ₱ 50,000.00 AND ABOVE)** SHALL BE SUBMITTED **PRIOR TO THE ISSUANCE OF NOTICE OF AWARD.**

ITEM #	QTY.	UNIT	ITEM & DESCRIPTION	ABC	OFFER
1	60	LITER	Motor Oil 2T	9,000.00	_____
2	50	LITER	Coolant coolant	17,500.00	_____
3	20	LITER	Brake Fluid brake fluid	7,000.00	_____
4	22	CAN	Brake Cleaner brake cleaner	7,700.00	_____
5	20	CAN	Penetrating Oil aerosol	8,000.00	_____
6	25	CAN	Oil Treatment oil treatment	7,500.00	_____
TOTAL				56,700.00	

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

Canvassed by:

Owner/Authorized Representative:

 Printed Name/ Signature

 Printed Name/ Signature

 Tel. No. / Cellphone No.

 Date