

Republic of the Philippines Department of Agriculture



PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY

7/F Sunnymede IT Center, 1614 Quezon Ave., Quezon City

The Philippine Fiber Industry Development Authority (PhilFIDA), thru its Bids and Awards Committee (BAC) invites all manufacturers, suppliers and distributors to send their sealed bids/quotations, within seven (7) days from publication hereof, for the supply/delivery of the items enumerated below:

REQUEST FOR QUOTATION

Contracts	Item No.	Qty.	Unit	Description of Items	Approved Budget	Place of Delivery
				Labor and Materials for Printing of following PhilFIDA Regulatory Division's Accountable Forms:		
PR No. 14-10-754	1	300	pads	Primary Certificate of Fiber Inspection (50 sets/pad) 4 sheets per set: Original white bond paper, duplicate onion skin, triplicate green onion skin & quadruplicate light blue onion skin. (Back to back printina)		7/F Sunnymede IT Center 1614 Quezon Ave.,
	2	500	pads	Permit to Transport Fiber (50 stes per pad) 6 sheets per set: Original white bond paper, duplicate blue onion skin, triplicate yellow, quadruplicate green, quintuplicate pink & sixtuplicate white onion skin. (Front printing only) (See attached sample)	250/pad	
				TOTAL	215,000.00	

Interested bidders must be included in the registry of manufacturers/suppliers/ distributors in the PhilGEPS. Price Quotations shall be submitted in a sealed envelope. Information relating to examination, evaluation and comparison of price quotations shall be kept confidential.

Deadline for submission of quotation: 28 October 2014, PhilFIDA, 7th Floor Sunnymede IT Center, 1614 Quezon Avenue, Quezon City.

Please submit your sealed bid / quotation only to the PhilFIDA-BAC Secretariat, addressed to Ms. Marian Joy B. Gray.

For inquiries, please call BAC Secretariat at Telephone No. 441-4081.

ROMEO O. BORDEOS, JR.

BAC, Chairperson

ORIGINAL.

PRIMARY CERTIFICATE OF FIBER INSPECTION

Nº 828749

istrict of produ	ction			Registered mark			
	12				Address		
ame of grader				. Address			
ales of	(Kind of Fiber)	herei	nafter described		baling of the(Total number of bales, 20		
GOVERNMENT	NUMBER OF	DESC	RIPTION OF THE I	TBER	REMARKS		
GRADE	BALES	LENGTH	TEXTURE	CLEANING	REMARKS		
	i.e.						
			<u> </u>				
			7				
			360				
	1						
		.)	CHAIRMONT	3G (0)			
		indicate			-graph = continues		
				191 0	Condition Device Bales Bales		
TOTAL		Weight per b	ale	kilos net			

DUPLICATE

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF AGRICULTURE FIBER INDUSTRY DEVELOPMENT AUTHORITY Regional Office No.

PRIMARY CERTIFICATE OF FIBER INSPECTION Nº 828749

Lot No				1	Jate, 20
District of produ	action			Registered m	ark
Owner of fiber .				Address	
Name of grader				Address	
I HERE	BY CERTIFY	that I have duly	inspected and app	roved the grading	and baling of the(Total number of bales)
					h of, 20
as conforming v	vith the officia	al standard grade	es established by the	e Philippine Gove	ernment therefor.
			COORDINATION OF THE	EIDED	
GOVERNMENT	NUMBER OF BALES		ESCRIPTION OF THE	FIBER	REMARKS
UKADE	BALLS	LENGTH	TEXTURE	CLEANING	
	A				
-					
	-				
			186		
-					
-			TIONS-TOCH	Udad	
-		CITY OF	HZ-ANT L		Secondary Name
	<u> </u>			- mari	and the second of the second o
E					
TOTAL.		******		1.21	
TOTAL		Weight pe	er bale	Kilos net	
Inspection Fee			26		Fiber Inspector
Paid under O.R. N	No	dated	, 20		Tion maperior

TRIPLICATE

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF AGRICULTURE FIBER INDUSTRY DEVELOPMENT AUTHORITY Regional Office No.

PRIMARY CERTIFICATE OF FIBER INSPECTION

Nº 828749

Lot No	Lot No.			Date, 20			
District of produ	action				k		
				Address			
Name of grader					Address		
bales of	(Kind of Fiber)	here	inafter describe	roved the grading an	d baling of the(Total number of bales		
GOVERNMENT	NUMBER OF	DESC	CRIPTION OF THE	FIBER			
GRADE	BALES	LENGTH	TEXTURE	CLEANING	REMARKS		
			A STATE OF				
	United Miles						
			1975 2246315				
TEACHER !		GP 200 STATE OF					
TOTAL		Weight per ba	le	kilos net			
		dated	20		Fiber Inspector		

QUADRUPLICATE

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF AGRICULTURE FIBER INDUSTRY DEVELOPMENT AUTHORITY Regional Office No.

PRIMARY CERTIFICATE OF FIBER INSPECTION

Nº 828749

istrict of produ	ction						
			Address Address				
ales of	(Kind of Fiber)	herei	nafter described	roved the grading and during the month of e Philippine Governm	baling of the(Total number of b		
GOVERNMENT	NUMBER OF	DESCI	RIPTION OF THE F	TBER			
GRADE	BALES	LENGTH	TEXTURE CLEANING		REMARKS		
			30.1-390030	36180			
		A SETTOMPE LETTER V	MT		State Captures		
				Jane 1	2 200		
TOTAL		Weight per bal	e	kilos net			

REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF AGRICULTURE

PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY

Regional Office No.

	PR	IMARY CERTI	FICATE OF FIB	ER INSPECTION	No. 000001
Owner of fiber Name of grader I HEREBY Coales of	On CERTIFY that I hav	e duly inspected	and approved the	Registered mark . Address Address grading and baling	g of the
GOVERNMENT GRADE	NUMBER OF BALES		RIPTION OF THE		REMARKS
	^	LENGTH	TEXTURE	CLEANING	
			-		
			*		
TOTAL	·	Weight per	bale	kilos net	
lace of inspection					Fiber Inspector

Republic of the Philippines

PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY

Region No. _____, ____

ORIGINAL

PERMIT TO TRANSPORT FIBER

LU No. 000001

1. Owner	(Name, Address, Tel., Reg. Mark)	2. Date Received by Age	3. Application Number		
		*			
4. Consign	nee (Name, Address, Tel. No.)		5. Date of Shipment		
6. Means	of Transportation				
	/ Truck: Plate No	/ Boat: M/V			
7. Kind of	Fiber				
Particular	s of Fibers				
8. a/ li	/ Inspected		8. b/Uninspected		
Grad	de No. of Bales		No. of Kilos:		
-					
-			No. of Bundles:		
-			District of		
			Production:		
	otal				
J. I nereby	certify to the correctness of the above	declaration 10.	REDURING OF THE DUMINDONES		
		1	REPUBLIC OF THE PHILIPPINES PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTORITY		
		1	THEIT INC TIDER INDUSTRY DEVELOPMENT ACTORITY		
			(Date)		
P	rinted Name and Signature of Applicant	NO. TO SERVICE AND ADDRESS OF THE PARTY OF T	After having verified the foregoing application for a PTF transport/shipment of the commodity stated above is hereby		
Desi	gnation:	aut	horized.		
000	Bilderoiti	1	Printed Name and Signature		
			of PhilFIDA representative		
May November 1	ACKN	ION ED CENTER OF DE			
	CONSIGNEE	OWLEDGEMENT OF RI			
Received:	CONSIGNEE		PhilFIDA REPRESENTATIVE		
	of fiber		Verified receipt of shipment:		
	me		Kind of fiber		
	received		Volume Date verified		
	Sign over printed name				
Desi	gnation:		Sign over printed name Designation:		
istribution:		Note			
st copy -	for applicant / shipper		issuing officers/representatives responsible for the transmittal of copies 3, 4, and		
nd copy -	for PhilFIDA representative assigned at the consi		o respective parties.		
	establishment (to company shipment)	2. On	the control number space, indicate the initial of the station/registered mark of the		
rd copy -	for regional office, origin		oper; the initial of the station/registered mark of the consignee; the year issued;		
th copy - th copy -	for Coordinating Center - Regulatory Division, C. (the number of permit to transport in the consecutive order issued separated		
Title copy -	copy for regional office of destination		by a dash, e. g. T/CBT - MM/MMC -95-001.		

Region No. _____, ____ ORI

ORIGINAL

PERMIT TO TRANSPORT FIBER

LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark)		2. Date Received by Agency		3. Application Number		
4. Consignee (Name , Address, Tel. No.)		5. Date of Shipment				
6. Means of Transportation / Truck: Plate No	/ Bos	at: M/V				
7. Kind of Fiber						
Particulars of Fibers 8. a/ Inspected	4		8. b/ Uninsp			
Grade	o. of Bales					
			No. of Bundle	es:		
			District of Producti	on:		
Total						
9. I hereby certify to the correctness of	the above declara	tion.	The second secon	REPUBLIC OF THE PHILIPPINES NDUSTRY DEVELOPMENT AUTHORITY		
Printed Name and Signatu	re of Applicant	3 (A)	After having verified	(Date) I the foregoing application for a PTF the		
Designation:				he commodity stated above is hereby authorized.		
				Printed Name and Signature of FIDA representative		
11. Fees Collected:			Designation:			
12. O.R. Number:			Control No.	-		
	ACKNOW	LEDGEMENT OF	RECEIPT OF DELIVE			
CONSI	GNEE			FIDA REPRESENTATIVE		
Received:			Verified receipt of sh			
Kind of fiber						
Volume Date received						
Date received			Date vernica _	, , , , , , , , , , , , , , , , , , ,		
Sign over printed Designation:		-	Designation:	Sign over printed name		
Distribution: 1st copy - 2nd copy - for FIDA representative assignment to accompany s 3rd copy - for regional office, origin for coordinating Center - Stand for regional office of destinatio	ed at the consigned shipment) dards Division, C.O	e's	of copies 3, 4, and 5 to re 2. On the control number sp mark of the shipper; the in the year issued; and the n	entatives responsible for the transmittal aspective parties. ace, indicate the initial of the station/registered nitial of the station/registered mark of the consigne number of permit to transport in the consecutive a dash, e.g., T/CBT - MM/MMC -95-001.		

Region No.

DUPLICATE

PERMIT TO TRANSPORT FIBER

LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark)	ner (Name, Address, Tel., Reg. Mark) 2. Date Received		3. Application Number
4. Consignee (Name , Address, Tel. No.) 5. Date of		ment	
5. Means of Transportation			
/ Truck: Plate No/ B	pat: M/V		
7. Kind of Fiber			
Particulars of Fibers			
3. a/Inspected Grade No. of Bales		8. b/ Ur No. of Ki	
			undles:
		No. of Bo	inues.
		District o	
		Prod	uction:
Total			
I hereby certify to the correctness of the above declar-	ation.	10.	REPUBLIC OF THE PHILIPPINES ER INDUSTRY DEVELOPMENT AUTHORITY
Printed Name and Signature of Applicant			(Date)
		A STATE OF THE PARTY OF THE PAR	ified the foregoing application for a PTF the
Designation:		transport/shipment	of the commodity stated above is hereby authorized
1			Printed Name and Signature of FIDA representative
11. Fees Collected:		Designation:	
12. O.R. Number:		Control No.	
ACKNOW	LEDGEMENT OF	RECEIPT OF DELI	VERY
CONSIGNEE			FIDA REPRESENTATIVE
Received:		Verified receipt of	
Kind of fiber			r
Volume Date received		Volume Date verified	
· ·		Date veille	
Sign over printed name	-		Sign over printed name
Designation:		Designation:	
Distribution:		Note:	
1st copy - for applicant / shipper 2nd copy - for FIDA representative assigned at the consigned		 All issuing officers/rep of copies 3, 4, and 5 	resentatives responsible for the transmittal to respective parties.
establishment (to accompany shipment)		2. On the control numbe	r space, indicate the initial of the station/registered he initial of the station/registered mark of the consigne
3rd copy - for regional office, origin 4th copy - for Coordinating Center - Standards Division, C.	o.	the year issued; and the	he number of permit to transport in the consecutive
oth cony - for regional office of destination		order issued separated	by a dash, e.g. T/CBT - MM/MMC -95-001.

6th copy - file. FIDA issuing officer

Region No. _____, _____ TRIPLICATE

PERMIT TO TRANSPORT FIBER LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark)	Date Received by Agency 3. Application Number
1. Consignee (Name , Address, Tel. No.)	5. Date of Shipment
E. Consignee (wame , Address, Tel. No.)	
6. Means of Transportation/ Truck: Plate No/ Boat: M	nr
7. Kind of Fiber	
articulars of Fibers	
3. a / Inspected	8. b/ Uninspected No. of Kilos:
	No. of Bundles:
	District of
	Production:
Total	
9. I hereby certify to the correctness of the above declaration.	
Printed Name and Signature of Applicant	(Date)
	After having verified the foregoing application for a PTF the transport/shipment of the commodity stated above is hereby authorize
Designation:	transportsingment of the community stated above is noted from
	Printed Name and Signature of FIDA representative
11. Fees Collected:	Designation:
12. O.R. Number:	Control No.
ACKNOWLED	GEMENT OF RECEIPT OF DELIVERY
CONSIGNEE	FIDA REPRESENTATIVE
Received:	Verified receipt of shipment:
Kind of fiberVolume	Kind of fiber
Volume Date received	Volume
Data leceived	
Sign over printed name	Sign over printed name
Designation:	Designation:
Distribution:	Note:
1st copy - for applicant / shipper 2nd copy - for FIDA representative assigned at the consignee's	 All issuing officers/representatives responsible for the transmittal of copies 3, 4, and 5 to respective parties.
establishment (to accompany shipment)	On the control number space, indicate the initial of the station/registered
3rd copy - for regional office, origin 4th copy - for Coordinating Center - Standards Division, C.O.	mark of the shipper; the initial of the station/registered mark of the consign the year issued; and the number of permit to transport in the consecutive
5th copy - for regional office of destination	order issued separated by a dash, e.g. T/CBT - MM/MMC -95-001.

6th copy - file. FIDA issuing officer

Republic of the Philippines FIBER INDUSTRY DEVELOPMENT AUTHORITY Region No. ____,

QUADRUPLICATE

PERMIT TO TRANSPORT FIBER LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark)	2. Date Received by Agency	3. Application Number		
4. Consignee (Name , Address, Tel. No.)	5. Date of Shipment	Shipment		
6. Means of Transportation/ Truck: Plate No/ Boat:	M/V			
7. Kind of Fiber				
Particulars of Fibers 8. a/ Inspected Grade No. of Bales	8. b/ Uninsp	ected		
Grade No. of Bales				
	No. of Bundle	s:		
	District of Production	on:		
Total				
9. I hereby certify to the correctness of the above declaration		REPUBLIC OF THE PHILIPPINES		
		IDUSTRY DEVELOPMENT AUTHORITY		
Printed Name and Signature of Applicant	300	(Date)		
Designation:		the foregoing application for a PTF the e commodity stated above is hereby authorized.		
	P	rinted Name and Signature of FIDA representative		
11. Fees Collected:	Designation:			
12. O.R. Number:	Control No.			
ACKNOWLE	DEMENT OF RECEIPT OF DELIVER	Y		
CONSIGNEE		FIDA REPRESENTATIVE		
Received:	Verified receipt of shi			
Kind of fiber				
Volume Date received				
Sign over printed name Designation:	Designation:	Sign over printed name		
Distribution: 1st copy - 2nd copy - 5nd replicant / shipper 5nd representative assigned at the consignee's establishment (to accompany shipment) 3rd copy - 5nd regional office, origin 4th copy - 5nd regional office of destination 5th copy - 5nd regional office of destination 6th copy - 5nd regional office of forcer 5nd regional office of forcer 5nd regional office of forcer	of copies 3, 4, and 5 to res 2. On the control number spa mark of the shipper; the ini the year issued; and the nu	ntatives responsible for the transmittal spective parties. per indicate the initial of the station/registered tial of the station/registered mark of the consignee; mber of permit to transport in the consecutive or dash, e.g. T/CBT - MM/MMC -95-001.		

QUINTUPLICATE

PERMIT TO TRANSPORT FIBER

LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark)	2. Date Received by Agency	3. Application Number		
- Consignee (Name , Address, Tel. No.)	5. Date of Shipment			
. Means of Transportation	100			
/ Truck: Plate No/ Boat:	: M/V			
. Kind of Fiber				
articulars of Fibers				
3. a/ Inspected Grade No. of Bales	8. h/ Uninsp	pected		
Grade No. of Bales	NO. OT KIROS.			
	No. of Bundle	es:		
	District of			
	District of	on:		
	110000			
Total				
. I hereby certify to the correctness of the above declaratio	n. 10.			
		REPUBLIC OF THE PHILIPPINES		
	FIBERIT	NDUSTRY DEVELOPMENT AUTHORITY		
Printed Name and Signature of Applicant		(Date)		
		the foregoing application for a PTF the		
Designation:	transport/shipment of the	he commodity stated above is hereby authorized		
		Printed Name and Signature		
		of FIDA representative		
1. Fees Collected:	Designation:			
2. O.R. Number:	Control No.	Control No.		
ACKNOWLE	DGEMENT OF RECEIPT OF DELIVER	RY		
CONSIGNEE		FIDA REPRESENTATIVE		
Received:	Verified receipt of sh			
Kind of fiber				
Volume	Volume			
Date received	Date verified			
		•		
Sign over printed name Designation:	Designation:	Sign over printed name		
Distribution:	Note:			
st copy - for applicant / shipper	1. All issuing officers/represe	ntatives responsible for the transmittal		
2nd copy - for FIDA representative assigned at the consignee's establishment (to accompany shipment)		ice, indicate the initial of the station/registered		
ard copy - for regional office, origin th copy - for Coordinating Center - Standards Division, C.O.	mark of the shipper; the in	itial of the station/registered mark of the consign umber of permit to transport in the consecutive		
5th copy - for regional office of destination	order issued separated by	a dash, e.g. T/CBT - MM/MMC -95-001.		

6th copy - file. FIDA issuing officer

Region No. _____, ____

SIXTUPLICATE

PERMIT TO TRANSPORT FIBER

LU Nº 000196

1. Owner (Name, Address, Tel., Reg. Mark) 4. Consignee (Name , Address, Tel. No.)		Date Received by Agency 3. Application Number 5. Date of Shipment		3. Application Number
7. Kind of Fiber				
Particulars of Fibers 8. a/ Inspected Grade	No. of Bales		8. b/ Un No. of Kil	inspected os:
				ndles:
			District o	f uction:
Total				
I hereby certify to the correctness of the above declaration.			10. REPUBLIC OF THE PHILIPPINES FIBER INDUSTRY DEVELOPMENT AUTHORITY	
Printed Name and Signature of Applicant Designation:			processor and the second	(Date) fied the foregoing application for a PTF the of the commodity stated above is hereby authorized
			-	Printed Name and Signature of FIDA representative
11. Fees Collected: 12. O.R. Number:			Designation: Control No.	
		EDGEMENT OF	RECEIPT OF DELIV	/ERY
CONSIGNEE Received: Kind of fiber Volume			Verified receipt of Kind of fiber Volume	
Date received			Date verified	
Sign over printed name Designation:			Sign over printed name Designation:	
Distribution: 1st copy - for applicant / shipper for FIDA representative establishment (to acconfor regional office, origin	assigned at the consignee apany shipment) - - Standards Division, C.O. stination	's	of copies 3, 4, and 5 to 2. On the control number mark of the shipper; the the year issued; and the	esentatives responsible for the transmittal o respective parties. space, indicate the initial of the station/registered e initial of the station/registered mark of the consigne e number of permit to transport in the consecutive by a dash, e.g. T/CBT - MM/MMC -95-001.