

Name of the Project: *Procurement of Meals and Snacks to be served to Participants re: Drug Reformation cum Community Based Rehabilitation Program (CBRP).*

Location of the Project: *Tagudin, Ilocos Sur*

Standard Form Number: SF-GOOD-60

Revised on:

Standard Form Title: **REQUEST FOR QUOTATION**

Date: July 17, 2019

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, starting the shortest time or delivery and submit your quotation duly signed by your representative not later than July 22, 2019, 1:00 p.m. in the return envelope attached herewith.


MARINA J. BALICOCO
BAC Chairman

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN 7 CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 30 CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHERS SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

ITEM NO.	UNIT	ITEM AND DESCRIPTION	QTY	UNIT PRICE	TOTAL
1	heads	Meals and Snacks for 3 days *** nothing follows***	120		

Approved Budget for Contract: PhP72,000.00

Source of Fund : General Fund
 DEADLINE : July 22, 2019 @1:00 p.m.

Brand Model : _____
 Delivery Period : days
 Warranty : _____
 Price Validity : _____

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

 PRINTED NAME/SIGNATURE

 TEL. NO. / CELLPHONE NO.

 E-MAIL ADDRESS