



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Meals to be served during the "Youth Camp to include First Aid Summit" Program, City of San Fernando, Pampanga**

Location of the Project : **City Health Office - City Nutrition Committee**

**REQUEST FOR QUOTATION**

*(FM-CSFP-CGSO-39; Revision No. 01;06/23/14)*

Date : **July 10, 2015**  
Quotation No. : **ES-F6-15-1730**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

Please quote your lowest price on the item(s) listed below and submit your quotation duly signed by your representative not later than **July 20, 2015 at 10:00 AM** at **CGSO-Building, New Public Market, City of San Fernando, Pampanga**.

Canvassed by:

Approved by:

**ABIGAIL P. YALUNG**  
Administrative Aide I

**ENGR. MICHAEL N. QUIZON, JR.**  
BAC Chairman

- NOTE:
- 1 ALL ENTRIES MUST BE READABLE
  - 2 DELIVERY PERIOD WITHIN \_\_\_\_\_ CALENDAR DAYS
  - 3 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
  - 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) CALENDAR DAYS

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1	300	pax	<b>AM Snacks</b> Set MA6 --regular size ham sandwich with 355ml bottled water	_____	_____
2	300	pax	<b>Lunch</b> Set MD6 --chicken caldereta (133gms), banana/pastries, 355ml bottled mineral water, 1 cup rice	_____	_____
3	300	pax	<b>PM Snacks</b> Set MA12 --1 cup baked mac with 355ml bottled water xxxxxx Nothing follows xxxxxx	_____	_____
<b>TOTAL AMOUNT :</b>					<b>P</b> _____

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

\_\_\_\_\_  
Printed Name / Signature

\_\_\_\_\_  
Tel No. / Cellphone No.

\_\_\_\_\_  
Date