



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Tokens to be given for the members of Center of Kapampangan Culture-Initiatives Consortium for the Year 2017, City of San Fernando, Pampanga**

Location of the Project : **City Tourism Office**

**REQUEST FOR QUOTATION**

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

Date : **February 10, 2017**

Quotation No. : **T4-17-0251**

\_\_\_\_\_  
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 **February 15, 2017 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**ANA LIZA C. ZABLAN**  
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	20	pax	<b>1st Quarter</b> Tokens Pastillas Oraro Pulvoron Yemas Sweet Tamarin		
2	20	pax	<b>2nd Quarter</b> Tokens Sylvanias Brownies Salted Peanut Mamon Toastado Cup cake		
3	20	pax	<b>3rd Quarter</b> Tokens Oraro Pastillas Pulvoron Salted Peanut Sweet tamarin		
			<b>4rd Quarter</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



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ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
4	20	pax	Tokens Brownies cup cake Mamon Toastado Pulvoron dried Mango  xxxxxx Nothing follows xxxxxx  <p style="text-align: right;"><b>TOTAL AMOUNT</b></p>		
					<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.

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Date