



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Meals to be served during the Federation of Parents - Teachers Association (FED-PTA) General Assembly on December 2018, City of San Fernando, Pampanga**

Location of the Project : **Community Affairs Division**

REQUEST FOR QUOTATION

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

Date : **October 23, 2018**

Quotation No. : **F6-18-2701**

 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 **October 29, 2018 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

JOAN D. GUTIERREZ
 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	733	pax	AM Snacks Set MB1-AB1-DB1 -- Big Size Cheese Burger w/ TLC Half Sandwich Bottled Mineral Water (355ml)		
2	733	pax	Lunch Set BC1 -- Pot Roast Beef w/ Mushroom Gravy Fish Fillet w/ Sweet and Sour Sauce Buttered Corn and Carrots Chicken Teriyaki Stir Fried Mongo Sprouts and Vegetables Shrimp Tempura w/ Sweet and Sour Sauce Pandan Rice Fruit Salad Lemon Iced Tea		
3	733	pax	PM Snacks Set MB2-AB2-DB2 -- 1 cup Pancit Palabok 2 pcs Puto Bottled Juice Dinner		

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	733	pax	Set BC2 -- Lengua Alexandria Chicken Relyeno Fish Finger in Capsicum Sauce Pork Strips w/ Gravy Buttered Vegetables Pandan Rice Buko Pandan Salad Drinks in Can xxxxxx Nothing follows xxxxxx		
			TOTAL AMOUNT		P

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Printed Name / Signature

Tel No. / Cellphone No.

Date