**REQUEST FOR QUOTATION**

**Name of Project:** Supply and Delivery of Meals to be served during the Kapihan at Talakayan sa Villa for the month of May 2017, City of San Fernando, Pampanga

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

**Date:** May 11, 2017

**Quotation No.:** F6-17-1168

Please quote your lowest price on the item(s) listed below and submit your quotation duly signed by your representative not later than May 15, 2017 at 10:00 A.M. at CGSO Building, New Public Market, City of San Fernando, Pampanga.

**Canvassed by:** JEFFREY ROSS M. NAVARRO  
*Administrative Aide I*

**Approved by:** 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

<table>
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<th>UNIT PRICE</th>
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</table>
| 1        | 100 | pax  | **DAY 1** SPECIAL SNACKS  
**SET MC1-DC1-SC1-AC1**  
1 cup Pancit Palabok  
Bottled Mineral Water (355ml)  
Half Sliced Clubhouse  
2 pcs Puto | | |
| 2        | 100 | pax  | **DAY 2** SPECIAL SNACKS  
**SET MC2-DC2-SC2-AC2**  
1 cup Pancit Bihon  
Bottled Juice  
Sandwich  
2 pcs Kutsinta | | |
| 3        | 100 | pax  | **DAY 3** SPECIAL SNACKS  
**SET MC3-DC3-SC3-AC3**  
1 cup Pancit Canton  
10 oz Fresh Buko Juice  
2 pcs Garlic Bread  
2 pcs Cassava Jelly | | |
| 4        | 100 | pax  | **DAY 4** SPECIAL SNACKS  
**SET MC4-DC4-SC2-AC4**  
1 cup Goto w/ 1/2 Tokwa't Baboy  
Iced Tea  
Sandwich  
2 pcs Mini-Turon | | |

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*
Republic of the Philippines
Province of Pampanga
City of San Fernando

OFFICE OF THE BIDS AND AWARDS COMMITTEE

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Location of the Project: Community Affairs Division

REQUEST FOR QUOTATION

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Company Name

Address

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TOTAL AMOUNT

P

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Printed Name / Signature

Tel No. / Cellphone No.

Date