Republic of the Philippines Department of Agriculture Agricultural Training Institute Regional Training Center X El Salvador City, Misamis Oriental

REQUEST FOR QUOTATION

Sir/Madam:

The ATI-RTC X desires to purchase the following articles, animals or services, the delivery of which has to be made within seven (7) working days from dealer's receipt of the corresponding letter order and/or purchase order unless otherwise specified herein. Please quote the unit price, inclusive of tax, for each of the items below in a sealed envelope addressed to the ATI-RTC X, El Salvador City, Misamis Oriental. This proposal is subject to the terms and conditions, and that the ATI-RTC X reserves the right to reject some or all quotations, waive any defects therein or accept those that which are most advantageous to the government.

Very truly yours,		
JAVIER P. ANDALAN/HONE	YLOU C. B	ASTASA
Chairman/Vice Chairman BAC		

Approved Budget Contract: P 406,150.00

THE BAC Chairman, ATI-RTC X El Salvador City, Misamis Oriental

With reference to the above request for quotations, I/We hereby quote my/our price per unit as listed below:

Stock Code/ Property No.	QTY	UNIT	PARTICULARS	Item/Brand Offered	Unit Price	Total Price
			Catering Services			
1	250	cover	Breakfast			
2	250	cover	AM Snacks			
3	250	cover	Lunch			
4	250	cover	PM Snacks			
	250	cover	Dinner			
5	80	cover	Accommodation			
			1. Free flowing coffee/tea, preferably brewed, with creamer and sugar 2.Meals must include: -Unlimited Rice - Breakfast must have atleast 2 viands -Lunch and dinner 2 main dish (meat/fish) and 1 side dish (vegetable soup) -should also include fruits -Canned/bottled juice for drinks Conditions for Accommodation: 1. Dormitory type with CR 2. Provide toiletries/ kit per pax.			
PURPOSE		POSE	To be used during the conduct of FY 2025 Consultations (Needs Assessments with Stakeholders and Partner Agencies and Information Caravan (Youth and Learning Sites)) at Cagayan de Oro City on February 12-14, 2025.			

Very truly yours,						
		Province Overfinder				
(Signature over Print	ed Name of Proprietor/Manager or Authorized Rep)	Procurement Coordinator				
Contact No.:						
Company Name:						
Address:						
TIN No.:						
Date:						
Please Check:	Vat: Non-Vat:					