



**REQUEST FOR QUOTATION**

DATE: 03/27/2024

PURCHASE REQUEST NO.: CDMD (HVCDP) FUND 2024-03-13

CANVASS NO. 12

Gentlemen:

Please quote your lowest price, taxes included, and subject to the terms and conditions that you may encounter purposely for article (s) and/or service(s) enumerated below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the return envelope attached here with.

Very truly yours:

*Milagros C. Urbano*  
**MILAGROS C. URBANO**  
 BAC Chairman *3/27/2024*

ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	TOTAL
	25	servicing	<b>Food April 15-19, 2024</b> Breakfast (3 viands choices of vegetables, fish meat-chicken/pork/beef with soup, rice, dessert, fresh fruit juice and bottled water) -buffet		
	25	servicing	AM Snacks (Light serving choices of cakes, local delicacies, pasta, sandwiches and fresh fruit juice)		
	25	servicing	Lunch (3 viands choices of vegetables, fish meat-chicken/pork/beef with soup, rice, dessert, fresh fruit juice and bottled water) -buffet		
	25	servicing	PM Snacks (Light serving choices of cakes, local delicacies, pasta, sandwiches and fresh fruit juice) Lunch (3 viands choices of vegetables, fish meat-chicken/pork/beef with soup, rice, dessert, fresh fruit juice and bottled water) -buffet		
<p>The consumption of water and light in the use of the catering function shall be borne by the caterer, (a) 1 to 30 pax - P100/day (b) 30 to 50 pax - P200/day (c) 50 pax or more - P300/day. The caterer shall pay on the first day of the event &amp; shall be issued official receipt. It is the duty of the requesting party to inform the caterer of the separate payment of utilities to be incurred</p>					

**PURPOSE:**  
 To be served during the conduct of the Technical Guidance Session on the Development of a Commodity-based Ladderized Training Program to be held on April 15-19, 2024 in ATI-RDEC.

Pls. submit the following eligibility documents:  
 Mayor's/Business Permit  
 Income Tax Return  
 Notarized Omnibus Sworn Statement  
 PhilGEPS Registration Number/Red Membership  
 Certificate of Sole Distributorship

Note: Pls. provide also the following: contact information such as email address and mobile/landline numbers; Tax Identification Number and Bank Details

I hereby certify that I am in the position to furnish the above article(s), service(s) at the prices and in quantities as called for except as I have indicated. The articles are available in our stock for immediate delivery to the Agricultural Training Institute, Elliptical Road, Diliman, Quezon City

MODEL: \_\_\_\_\_

DELIVERY PERIOD: \_\_\_\_\_

WARRANTY PERIOD: \_\_\_\_\_

PRICE VALIDITY: \_\_\_\_\_

\_\_\_\_\_  
 Signature Over printed name of proprietor/Manager  
 or Authorized Representative

CANVASS BY: \_\_\_\_\_

DATE: \_\_\_\_\_