



REQUEST FOR QUOTATION

DATE: 05/13/2024

PURCHASE REQUEST NO.: ADMIN FUND 2024-04-80A

CANVASS NO. 64

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
 BAC Chairman

ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	TOTAL
	166	serving	Food May 29-30, 2024 AM 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 PM Snacks (Light serving choices of cakes, local delicacies, pasta, sandwiches and fresh fruit juice)		
	28	serving	June 13 and 24, 2024; July 11 and 25, 2024; August 8 and 22, 2024; September 12 and 26, 2024; November 14 and 28, 2024 PM Snacks (Light serving choices of cakes, local delicacies, pasta, sandwiches and fresh fruit juice) 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 & 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		

PURPOSE:
 To be served during the conduct of the "Health and Wellness Program for ATI Employees" on May 29-30, 2024; June 13 and 24, 2024; July 11 and 25, 2024; August 8 and 22, 2024; September 12 and 26, 2024; November 14 and 18, 2024 at ATI Building, Elliptical Road, Diliman, Quezon City.

- 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

CANVASED BY: _____
 DATE: _____