Municipality of Miagao

Project Reference Number:
Name of the Project: To be served during the Year-End Assessment and Conference on December 17, 2020

Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: **Request for Quotation**

Location of the Project: Municipality of Miagao

Date:
Quotation No.
PR # 100-20-12-1397 dated 12/03/2020

Company Name

Address

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

TOMASA ARLENE N. NUFUAR
Procurement Officer

NOTE
1. ALL ENTRIES MUST BE TYPEWRITTEN.
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 THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS.
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
6. BIDDERS SHALL SUBMIT ORIGINAL BROUCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED.

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	Contract for catering of packed snack and meal good for three hundred fifty (350) pax	1 Job		
	Menu:			
	Snack			
	- Cheese Burger			
	- Potato Chips			
	- Bottled Juice			
	Meal			
	- Rice			
	- Shanghai Rolls			
	- Chopsuey			
	- Chicken Pastel			
	- Pork Ribs			
	- Beef with Broccoli			
	- Apple			
	-Butterscotch			
	- Softdrinks			

Submit this quotation with the ff:
1. Mayor's/Business Permit
2. PhilGEPS Reg. Number
3. Income/Business Tax Return
4. Omnibus Sworn Statement
5. For medicines & medical equipment/ devices submit CPR and LTO issued by BFAD
6. The bidder/supplier comply with the Procurement requirement for drugs and medicines to wit:
a. Certificate of product registration from Food and Drugs Administration (FDA)
b. Certificate if good manufacturing practice from FDA
c. Batch Release Certificate from FDA,
d. If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distribution/dealer of the products /items;

Statement of Delivery Period:
Amount in Words:

Calendar days

Brand and Model:
Delivery Period:
Warranty:
Price Validity:

After having carefully read and accepted your General Conditions, I / We quote you on the item at prices noted above.

CANVASSED BY:
Printed Name / Signature

Printed Name / Signature

Tel. No. / Cell phone No. / e-mail address

Date