

Republic of the Philippines
Province of Davao Occidental
MUNICIPALITY OF MALITA

Standard Form Number: SF -GOOD-60

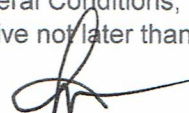
Revised on : May 24,2004

Standard Form Title: REQUEST FOR QUOTATION

Date : _____
Quotation No. : _____
PR # _____

Company Name : _____
Address : _____

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


ANALIZA A. CONDINATO
BAC Chairperson

- Note
1. All entries must be typewritten
 2. Delivery Period within **10 days** calendar days
 3. Warranty shall be for the period 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 the period of **90 days** calendar days.
 5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
 6. Bidders shall submit Original Brochures showing certifications of the product being offered.

ITEM NO.	QTY.	UNIT OF ISSUE	ITEM & DESCRIPTION	ESTIMATED COST	TOTAL
			Catering Services on June 18, 2025		
			Day 1		
			Venue: Women's Training Center		
			Servings: Buffet Style		
1	135	heads	1(one) Meal and 2(two) Snacks		
			Snacks: Am - Clubhouse Sandwich, Softdrinks		
			Lunch: Rice, Beef curry, Buttered Chicken, Sweet and Sour Fish, Chicken Tinola, bot. water, fruits		
			Snacks: Pm - Palabok, Softdrinks		
			Catering Service on June 19, 2025		
			Day 2		
			Serving: Buffet Style		
2	135	heads	1(one) Meal and 2(two) Snacks		
			Snacks: Am - Beef Burger, Softdrinks		
			Lunch: Rice, Beefsteak,, Buttered Chicken, Sweet and Sour Fish, Chicken Soup, bot. water fruits		
			Snacks: Pm - Slice Cake, Juice		

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.

Printed Name and Signature

Tel. No. / Cellphone No.

Date