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

Standar	a Form i	Ille. REQUI	EST FOR QUOTATION	Date : Quotation No. : PR #	
Company Name : :				-	0
statin		hortest ti	our lowest price on the item/s listed below, subject to the home of delivery and submit your quotation duly signed by your provided in the return envelope attached herev	our representative no	
				ANALIZA	A. CONDINATO
					Chairperson
Note	 De Wa Eq Prid G-I 	livery Per arranty sh uipment f ce validity EPS Regi	sust be typewritten iod within 10 days calendar days all be for the period six (6) months for supplies & materials from date of acceptance by the procuring entity. If shall be for the period of 90 days calendar days, stration Certificate shall be attached upon submission of the	s, one (1) year for ne Qoutation.	
	6. Bid	ders shal	submit Original Brochures showing certifications of the pr	roduct being offered.	
ITEM NO.	QTY.	UNIT OF ISSUE		ESTIMATED COST	TOTAL
			(2) Days Catering Services		
			(Buffet Style)		
			MENU:		
1	128	heads	June 10, 2025 (2 meals & 2 snacks)		
			AM SNACKS: chicken sandwich,canned juice		
			LUNCH: rice,grilled panga,Pork Humba,Beef Broccoli,		
			chicken sotanghon soup,fresh fruits,		
			bottled water/softdrinks		
			PM SNACKS: Pancet palabok,softdrinks		
			DINNER :rice, Kaldereta, Beef Steak, Chicken fillet		
	-		sopas, fresh fruits, bottled water/drinks		
			Sopas, fresh fruits, bottled water/driffics		
2	128	heads	June 11, 2025 (1 meal & 2 snacks)	-	
	120	Ticado	AM SNACKS: ham & cheese sandwich,canned juice		
			LUNCH: rice, Tuna kinilaw, native chicken adobo, fish fillet,	-	
			crab & corn soup, fresh fruits, bottled water/softdrinks		
			PM SNACKS: Caramel cake ,softdrinks		
			Brand and Model: Delivery Period : Warranty : Price Validity :		
	at pric	After h	aving carefully read and accepted your General Conditions above.	s.I / We qoute you on	the item
			Printed Name a	nd Signature	
			Tel. No. / Cell	phone No.	
			Date	9	