REQUEST FOR QUOTATION



REQUEST FOR QUOTATION PROCUREMENT MODE: NP-Small Value Procurement

| rei.No.:(032) 239-3820 locul 106/09976619824 E-mail: bacbjar/@gmail.com | | |
|---|----------|------------------|
| | Date: | |
| Name of Company/Business | RFQ No.: | |
| | PR No.: | 23 - 08 - 1599-A |
| Complete Company Name Address | • | |
| Taxpayer Identification No. (TIN) | | |
| PhilGeps Registration No. | | |

To whom it may concern:

Please quote your best offer for the item/s described herein, subject to the **Terms and Condition** attached of this Request for Quotation. Submit your duly signed Quotation in a sealed envelope not later than the deadline on <u>August 7, 2023 at 4:00 PM</u> at BFAR-7 BAC - office 3rd floor, Arellano Blvd. Cebu City together with the required documents, to wit:

- Valid & Current Business/Mayor's Permit
- PhilGeps Certificate
- Income Tax Return; and
- Professional License / Curriculum vitae (if consulting services)
- PCAB License (if INFRASTRUCTURE)
- Menu (if Catering Services)

 $Proposals\ may\ be\ submitted\ through\ electronic\ mail\ at\ bacbfar 7@gmail.com.$

JESELITA G. RUINATA

BAC Chairperson

| | | | | | BAC Chairperso | on | |
|-----|--|---|------|-----------------------------------|----------------------------|-------------|--|
| | PLEASE QUOTE: PER ITEM/PER LOT | SUPPLIER/CONTRACTOR/CONSULTANT'S PROPOSAL BOX | | | | | |
| | | | UNIT | APPROVED BUDGET OF CONTRACT (ABC) | FINANCIAL PROPOSAL | | |
| No. | ITEM DESCRIPTION | QTY. | | | (Indicate the Price Offer) | | |
| | (ITEM NAME & TECHNICAL SPECIFICATION) | | | | UNIT PRICE | TOTAL PRICE | |
| | | | | 24,720.00 | | | |
| | Catering Services | | | | | | |
| | August 9 - 11, 2023 | | | | | | |
| | Breakfast x 3 days | 12 | pax | | | | |
| | AM & PM Snacks x 3 days | 12 | pax | | | | |
| | Lunch x 3 days | 12 | pax | | | | |
| | Dinner x 2 days | 12 | pax | | | | |
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| | CVMNTDC - Calape,Bohol | | | | | | |
| | Served during the Consultation dialogue and Inspection re; Status of | | | | | | |
| | Legislated Hatchery Project Implementation | | | | | | |
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SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION

| | | • | | | | | | | | | | |
|-----------|-------------|-----------|-------------|------------|-----------|---------------|----------------|-----------------|-----------------|----------------|----------------|----------|
| After ha | ving carefu | ully read | l and accep | ted your | Terms and | Conditions, | I/we quote yo | ou on the item/ | 's at price/s n | oted above for | r immediate o | delivery |
| and ships | ment whic | h can b | e made in 3 | 3 calendai | days to b | e delivered a | at Cebu Provir | ce from receir | ot of the Purc | hase Order/No | otice of Award | d |

| Printed Name and Signature of |
|---------------------------------|
| Authorized Representative |
| • |
| Official Contact No./Mobile No. |
| |
| Date |

(PLEASE SEE TERM AND CONDITION AT THE BACK)