




REQUEST FOR QUOTATION

Standard Form No.:SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Supplier:	Requesting Unit:
Address:	PR No.: 2019-09-184
Telephone No.:	Quotation No.: 2019-07-199
e-Mail:	Date: October 24, 2019
Date received by the Supplier:	ABC: 134,050.00

Please quote your lowest price on the item/s listed, subject to the General Conditions below, stating the shortest time of delivery and **submit your quotation in a sealed envelope** duly signed by your representative not later than November 6, 2019 @ 9am


JULIET C. SANNAD
Chief- Curriculum Implementation Division
Chairman, Bids and Awards Committee

REQUIREMENTS:

- Mayor's / Business permit
- PhilGEPS registration number or certificate

Note:

- ✓ **Submit RFQ together with the requirements.**
- ✓ All entries must be typewritten or legibly written.
- ✓ Delivery period within _____ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

POSTED IN **PHILGEPS**

Item No.	Qty	Unit	Item Description	Unit Price	Total Price
1	1	Package	<p>Meals accommodation and venue package -Dates and specification: Accommodation: 2 (rooms) -1 room for male, 1 room for female -With complimentary breakfast a. Check-in: November 25, 2019 @ 2:00PM b. Check-out: November 27, 2019 @ 12:00PM c. Twin to Quad sharing (2 persons per room) *single or twin bed sharing is acceptable as long as the bed is king size d. Toiletries must be provided e. With functional hot and cold shower</p> <p>Meals November 25, 2019 -Meals for 4 pax-dinner November 26, 2019 -130 pax breakfast -130 pax AM snacks -130 pax Lunch -130 pax PM snacks -Six (6) pax dinner November 27, 2019 -Break fast (good for 4 pax) -AM snacks (good for 4 pax)</p>		

			*In house menu, *halal (no pork)		
				TOTAL	
Date of Event: November 25 to 27, 2019					
Purpose: Orientation on Partnership Building for School Administrators					

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

Signature over Printed Name

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Date/Telephone No.

Canvassed by: