

Republic of the Philippines Department of Education Cordillera Administrative Region SCHOOLS DIVISION OF BAGUIO CITY

JOAQUIN SMITH NATIONAL HIGH SCHOOL

REQUEST FOR QUOTATION

Standard Form No.: SF-GOOD-60

Revised on: May 24, 2004

Standard Form Title: Request for Quotation

Supplier: Address: Telephone No.: e-Mail: Date received by the Supplier:

Requesting Unit: JOAQUIN SMITH NHS

PR No.: 2024-11-001 Quotation No.: 2024-10-001

Date: November 4, 2024

ABC:Php 74,250.00

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 11, 2024 293m

REQUIREMENTS: 1.

Teacher III-Bids and Awards Committee Chairperson

Mayor's / Business permit

- PhilGEPS registration number or certificate
- 3. Income/Business Tax Return
- Omnibus Sworn Statement

Note:

- √ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Delivery period within 07 Calendar Days.
- √ Price validity shall be for a period of 30 Calendar Days.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	45	pax	Meals (Lunch) and Snacks (AM and PM) for 5 Days -Overflowing Brewed Coffee -Individually packed Healthy Meals and Snacks with Healthy Beverages (Canned or Bottled) -Variation of Meals and Snacks per Day (2 meat Viands, 1 Vegetable, Soup, 1 cup Rice) -Healthy Snacks (Preferably Organic Snacks- Banana, Camote/ Bread/ Pastries, etc.) -In house menu		
			TOTAL		

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

TIN	Signature	e over Printed N	ame
IIN		m N	
		TIN	

Canvassed by:









Km. 4, Asin Road, Baguio City

Tel/ Fax: (074) 665-3839 or 620-5666

Email: joaquinsmithnhs@gmail.com or 305284@deped.gov.ph