



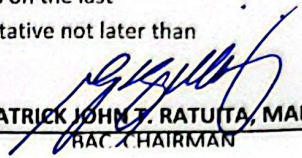
Republic of the Philippines
MUNICIPALITY OF PASUQUIN
Ilocos Norte



REQUEST FOR QUOTATION

Date: 10.08.2025
Quotation NO. 2025 - 165
PR No: 2025.10.301

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than October 14, 2025 @ 2:00PM in the return envelope attached herewith.


PATRICK JOHN T. RATUITA, MAPA
BAC / CHAIRMAN

- NOTE: 1. All entries must be type written
2. Delivery period ten (10) calendar days
3. Warranty shall be for a period of 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 a period of one (1) month upon submission of the quotation
5. The following documents shall be attached upon submission of the quotation:
a. Mayor's / Business Permit
b. Certificate of Registration
c. PhilGEPS registration number

6. Approved Budget of the Contract P 26,000.00

ITEM NO.	ITEM & DESCRIPTION	Brand/ Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
	Blood Letting Activity		100	sack		
1	Snacks:		30	cover		
	Palabok and 290ml Softdrinks					
2	Lunch:		100	cover		
	Rice, Chicken Curry and Vegetables					
	Salad and 500ml Bottled Water					
	Proficiency Training					
	Day 1					
3	Snack (AM):		40	cover		
	Canton-Bihon and 290ml Softdrinks					
4	Lunch:		40	cover		
	rice, Beef Mechado, Chopsuey and					
	500ml Bottled Water					
5	Snack (PM):		40	cover		
	Sopas and 500ml bottled water					
	Day 2					
6	Snack (AM):		40	cover		
	Canton-Canton and 290ml softdrinks					
7	Lunch:		40	cover		
	Rice, adobo, pakbet and 500ml Bottled Water					
8	Snack (PM):		40	cover		
	Palabok and 500ml Bottled Water					
					total	-

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.

MGPIN - 2025.10.227

Purchase of Meals and Snacks for Blood Letting and Proficiency Training

Printed Name/Signature

Tel. No./Cellphone No./Email Add.