



Republic of the Philippines
MUNICIPALITY OF PASUQUIN
Ilocos Norte



REQUEST FOR QUOTATION

Date: 04.16.2026
Quotation NO. 2026 - 038
PR No: 2026.04.108

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 **April 28, 2026 @ 08:30AM** in the return envelope attached herewith.


PATRICK JOHN T. RATUITA, MAPA
BAC CHAIRMAN

- NOTE:**
1. All entries must be type written
 2. Delivery period within three hundred sixty-five (365) 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
 - c. Certificate of Registration
 - d. PhilGEPS registration certificate/number

6. Approved Budget of the Contract P 20,800.00

ITEM NO.	ITEM & DESCRIPTION	Brand/ Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
	Municipal Agriculture and Fisheries Council Quarterly Meeting					
1	1st Quarter Meeting		65	cover		
	Snacks:					
	Pancit Bihon					
	'Puto					
	'290ml softdrinks					
2	2nd Quarter Meeting		65	cover		
	Snacks:					
	Palabok Shanghai					
	290 ml softdrinks					
3	3rd Quarter Meeting		65	cover		
	Snacks:					
	Pancit Guisado					
	Puto					
	290 ml Soft drinks					
4	4th Quarter Meeting		65	cover		
	Snacks:					
	Miki with Egg					
	290 ml softdrinks					
					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 - 2026.04.090

Supply and Delivery of Meals and Snack to be Served to the Participants
During the Municipal Agriculture and Fisheries Council (MAFC) Quarterly Meeting

Printed Name/Signature

Tel. No./Cellphone No./Email /