

REPUBLIC OF THE PHILIPPINES
 Province of Davao del Sur
MUNICIPALITY OF SANTA CRUZ

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Company Name _____

Address _____

Date: 2-15-17

Quotation No. 024

PR Number: 100-018

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit, your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

NOTE: BIDDERS MUST HAVE THE FOLLOWING REQUIREMENTS:

FOR GOODS

- 1 MAYOR'S / BUSINESS PERMIT
- 2 PHILGEPS REG. NUMBER
- 3 INCOME / BUSINESS TAX RETURN
- 4 OMNIBUS SWORN STATEMENT

FOR INFRA

PCAB LICENSE

FOR CONSULTING SERVICES

PROF. LICENSE / CURRICULUM VITAE

MARIO M. TIZON

BAC Chairman / Mun. Civil Registrar

ITEM NO	ITEM & DESCRIPTION	BRAND / MAKE, if applicable	QTY	UNIT OF ISSUE	ABC	UNIT PRICE	TOTAL
1	Softdrinks		100	case(s)	14,000.00		
2	Brown Sugar		10	kl(s)	450.00		
3	Cheese		20	box(s)	1,000.00		
4	Oil		100	kl(s)	8,000.00		
5	Condensed Milk		30	can(s)	1,200.00		
6	Spaghetti noodles		10	kl(s)	1,000.00		
7	Toyo		10	gal(s)	1,000.00		
8	Pineapple juice		30	can(s)	2,400.00		
9	Rice		10	sack(s)	24,000.00		
10	Flat Table Napkin		20	pck(s)	900.00		
11	Biscuits		10	bag(s)	700.00		
12	Bihon		20	kl(s)	1,200.00		
13	Sotanghon (Longi)		30	kl(s)	7,500.00		
14	Fruit Cocktail		40	can(s)	8,000.00		
15	Macaroni noodles		15	kl(s)	2,250.00		
16	Mayonaise		20	kl(s)	4,000.00		
17	Mineral Water		200	bot(s)	3,000.00		
18	Pepper powder		3	kl(s)	2,100.00		
19	Spaghetti meatballs		40	kl(s)	2,800.00		
20	Styrofoar		2000	pc(s)	14,000.00		

*** **MTC Bookings.**

MTC

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

THE BIDDERS

I HEREBY CERTIFY:

- a.) that the prices quoted are correct
- b.) that the articles are bonafide stock and shall be available until _____
- c.) that in the case an award is made in our favor we effect delivery within _____ from receipt of Purchase Order

Printed Name/Signature _____

Tel. No./Cell No./E-mail Add _____

Date _____

CERTIFICATION:

This is to certify that I distributed this form to the suppliers/establishments. _____