

**LEYTE NORMAL UNIVERSITY  
TACLOBAN CITY**

*Project Reference Number*

*Name of the Project*

*Location of the Project:LNU*

*Tacloban City*

Standard form Number SF-Good-60

Date: March 8, 2022

Revised on May 24, 2004

Number:300322

Standard form Title: Request for Quotation

Item/s listed below, subject to the General Conditions written below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the return envelope attached herewith.

**GENEROSO N. MAZO**

Chairman, Bids & Awards Committee

**General Conditions of the Contract:**

1. All entries must be typewritten/handwritten.
2. Delivery period within SEVEN (7) calendar day.
3. Warranty shall be a period of **SIX (6) months** for supplies and materials, **ONE (1) Year** for the equipment, from the date of acceptance by Leyte Normal University.
4. Price validity shall be for a period of THIRTY (30) Calendar Days.
5. PHILGEPS registration certificates shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product being offered.

Item No.	Articles	QTY.	Total	QUOTATION
	<b>Meals for QMSO March 23,2022, March 28,2022 and April 5, 2022</b>			
1	<b>Lunch, AM Snacks and PM Snacks for 1 day Hybrid IQA Sessions ( March 23, 2022)</b>	<b>45 pax</b>	<b>20,250.00</b>	
2	<b>Lunch , AM Snacks and PM Snacks for 1 day Hybrid Management Review Meeting (March 28,2022)</b>	<b>100 pax</b>	<b>45,000.00</b>	
3	<b>Breakfast, Lunch, AM Snacks and PM Snacks for (3 pax) and Lunch, AM Snacks and PM Snacks for (100 pax) for 1 - day External Audit (April 5,2022)</b>	<b>103 pax</b>	<b>46,350.00</b>	
	NOTHING FOLLOWS			

Brand Model: \_\_\_\_\_

Delivery Period: \_\_\_\_\_

Warranty: \_\_\_\_\_

Price Validity: \_\_\_\_\_

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business/Mayor's Permit No.

\_\_\_\_\_  
TIN:

\_\_\_\_\_  
PhilGEPS Registration Number (required)

\_\_\_\_\_  
Tel. No./Cellphone No.

\_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Date