**BAC Chairperson** 

## QUOTATION No: 066-2023

| Date_  | 26-Jun-23     |
|--|---------------|
| Please quote your lowest price on the item/s listed below, subject to general condition stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 working days | ons, m        |
| ·  | GALILEO L. GO |

NOTE:

All Entries must be typewritten

2 Delivery period within 21 calendar days upon signing of PO

3 Warranty shall be for a period of 6 months for the supplies and materials and . 1 year for the equipment from the date of acceptance by the procuring entity

Price validity shall be a period of 60 cal. Days. 4

Approved Budget for the contract (ABC) Php 12,800.00 5

This Form to be Submitted Not Later than June 29, 2023 6

Please send your signed quotation at bac@depedcavite.com.ph

| ITEM NO. | QUANTITY                              | UNIT   | ITEM DESCRIPTION                      | UNIT PRICE | TOTAL |
|----------|---------------------------------------|--|---------------------------------------|------------|-------|
|          |                                       |  | Foods                                 |            |       |
| 1        | 16                                    | Packs  | Breakfast, ,                          |            |       |
| 2        | 16                                    | Packs  | AM Snacks                             |            |       |
| 3        | 16                                    | Packs  | Lunch                                 |            |       |
| 4        | 16                                    | Packs  | PM Snacks                             |            |       |
|          |                                       |  | Venue, SDO Cavite, SGOD, Medical Unit |            |       |
|          |                                       |  | July 6, 2023                          |            |       |
|          |                                       | •  |                                       |            |       |
|          |                                       |  |                                       |            |       |
|          |                                       |  |                                       |            |       |
|          |                                       |  |                                       |            |       |
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|          |                                       | · <del>-</del> · · · · · · · · · · · · · · · · · · · |                                       |            |       |
|          |                                       |  |                                       |            | ***   |
|          | · · · · · · · · · · · · · · · · · · · |  |                                       |            |       |
|          | 1                                     |  |                                       |            |       |
|          |                                       |  |                                       | Total      |       |

| Supplier Business Name:      | Tin No. |
|------------------------------|---------|
| Address:                     |         |
| Telephone Number:            | E-mail  |
| Supplier's Authorized        |         |
| Representative's             |         |
| Signature over Printed Name: | Date    |