

Quality	Rice.	Quality	Life.
<b>4</b>	<b>80</b> 400		9 HOD

Date:	September 1.	2020

## REQUEST FOR QUIOTATION

			REQUEST FOR QUOTATION		
				Project Number:	trust-150
				Reference PR Number:	20-rtf-08-139
Sir/Madam	:				
duly author at at cellph	rized represen	tative throug 619978/0948 O	em/s listed below, subject to the Terms and Condit th email at (mscabanayan@philrice.gov.ph/courie 86595860/09165518299.	r - if sealed, addressed to N	
<ol> <li>Prices qu</li> <li>All bids i</li> <li>Complete</li> </ol>	uoted are sub in excess of th te technical sp period shall b	ject to deduc e ABC will be ecifications,	PROCUREMENT TERMS AND COI ract (ABC) is PhP 65,600.00 tion of 5% VAT & 1% EWT (for goods) or 5% VAT & rejected. brand and model must be indicated in the price quo in the quotation. Liquidated damages equivalent to	2% EWT (for services ).	
6. Goods, s which do no	supplies, equip ot conform wi ppliers are rec	th the techni quired to sub	ork done are subject to inspection/acceptance, Philical specifications.  mit a photocopy of valid Mayor's Business Permit, tions. Please disregard if you have submitted an up	valid PhilGEPS Registration	Number and valid PCAB License (if
prescribed	by the GPPB F	PRIOR TO PA	ubmit a photocopy of Latest Income/Business Tax YMENT of the goods delivered/services rendered. t given nor promised to give any money or gift to ar		
Item No.	Quantity	Unit	Item and Description	Unit Price	Total Amount
1	164	pax	Meals( Breakfast)	9	
2	164	pax	Meals (Lunch)		
-			*********		

					,				
2	164	pax		Meals (Lunch)					
				*********					,
Delivery Pe	eriod:	○ 30 calend	lar davs	15 calendar days	7 calend	dar days	Others:		
Place of Delivery: PhilRice Negros		Others:							
Price Validity: 120 calendar da		dar days	○ 60 calendar days	○ 30 calendar days ○ Others:					
Warranty:		◯ 1 year	O 3 moi	nths Others:					
Payment To	erm:	30 calend	lar days	15 calendar days	Others:				
After havin	g carefully rea	ad and accept	ted the Pro	curement Terms & Condit	ions, I/We quot	e you on the	eitem at prices note	d above.	

	PRINTED NAME/SIGNATURE OF AUTHORIZED REPRESENTATIVE
Designation:	
Company Name:	
Business Address:	
PhilGEPS Registration No.:	
Telephone Number:	/,50
Email Address:	

PRRI RFQ Rev 5 Effectivity Date: Oct 29, 2019

