



UNIVERSITY OF THE PHILIPPINES BAGUIO

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 Telephone No. 074-442-3484
 Email Address: spmo.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Catering Services for the Workshop on Basic Records and Archives Management (BRAM) on 23-24 April 2024
 Purchase Request No.: 22376
 Approved Budget for the Contract: P70,000.00

Date: 18 April 2024
 RFQ No. 4216
 MOP: NP-Small Value Procurement

INSTRUCTIONS:

- Accomplish this RFQ correctly and completely. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or any of your duly authorized representative/s.
- Bidder should attach a copy of the latest Business Permit#, PhilGEPS Registration Number and Notarized Omnibus Sworn Statement for an Approved Budget for the Contract (ABC) above P50,000 except for Shopping as an Alternative Method of Procurement that requires the latest business permit and PhilGEPS registration only. **Quotations exceeding the ABC shall be rejected.**
 In Addition:
 2a. For Corporations & Cooperatives: A Notarized Secretary's Certificate or Notarized Board Resolution;
 2b. For Sole Proprietorship: A Notarized Special Power of Attorney if the OSS Affiant is other than the Sole Proprietor.
- Warranty**, if appropriate, shall be six (6) months for supplies and materials, one (1) year for equipment from the date of acceptance of the Procuring Entity.
- Submit your quotation, *preferably sealed*, at the Supply and Property Management Office, UP Baguio **OR** send to this email address **ONLY** - spmo.upbaguio@up.edu.ph and cc: bac.upbaguio@up.edu.ph with the subject heading **RFQ No. 4216** NOT LATER THAN **8:00 AM** on **22 April 2024**.
- Price validity shall be for a period of 90 calendar days.
- IF APPLICABLE**, bidders shall indicate the Brand and Model Number of the item/s being offered.
- Failure to follow these instructions will disqualify your entire quotation.

Please quote your lowest government price (including VAT) on the item/s listed below, and state the time of which you can make delivery. The information stated below shall be the basis for the evaluation and calculation of your quotation.

Canvassed by: Ma. Christine P. Berganio

MARY ANNE R. RIVERA
 Head, SPMO

ITEM NO.	GENERAL DESCRIPTION	Compliance with technical specifications (Pls. check)		BRAND (N/A if not applicable)	Unit of Measure (ex. pc, lot, ki)	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE*	TOTAL QUOTED PRICE	
		YES	NO								
1	Catering Services for the Workshop on Basic Records and Archives Management (BRAM) on 23-24 April 2024 Catering services (AM snack, Lunch, PM Snack) for the Workshop on Basic Records and Archives Management (BRAM) on 23-24 April 2024 for 70 pax, P500/person 23 April 2024 (Day 1) AM snacks: Clubhouse, Canned juice Lunch: Buttered vegetable, Pork Steak, Fish fillet, Fresh fruits Pm snacks: Bilo-bilo, Canned softdrinks 24 April 2024 (Day2): AM snacks: Carbonara with toasted bread, Canned juice Lunch: Chicken curry, Vegetable salad, Lechon slices, Fresh fruits PM snacks: Assorted kakanin, canned softdrinks Day 1 & 2 with overflowing coffee & water				lot	1	P 70,000.00	P 70,000.00			
Contract Award: Per line item Delivery Period: 23-24 April 2024 <i>#A recently expired Mayor's/Business permit together with the official receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit. However, a copy of your Mayor's or Business Permit shall be required to be submitted after award of contract but before payment.</i> <i>*Indicating a price/amount under "Quoted Unit Price" shall mean complying with the technical specification of the item without checking the compliance column otherwise provide a counter-offer</i> **WARRANTY INCLUDED *** Nothing Follows ***											
							TOTAL: P 70,000.00				
TOTAL QUOTED AMOUNT IN WORDS:											

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

Name of the Company: _____ Tel. No. : _____
 Address: _____ Fax No. : _____
 Name of Representative: _____ Email Address: _____
 Position: _____ Date: _____
 Signature: _____