



Issue Status	Rev No.	Effective Date	Page No.
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REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

Date _____

Dear Supplier/Service Provider

You are hereby informed that the Davao Oriental State University (DOrSU) wherever deemed proper and authorized under Rule XVI, IRR of RA 9184, will receive sealed price quotation for the supply/delivery of the following items/goods or services at DOrSU, City of Mati, Davao Oriental where the said quotation will be opened on _____ or wherever deemed necessary as indicated below:

Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
			Meals and Snacks for Research and Extension Capability Building for Faculty and Staff		
47	pax	Meals - Day1	Lunch: Rice, Buttered Chicken, Bam-I Espesyal, Softdrinks	_____	_____
47	pax	AM Snacks - Day 1	Kakanin, Hot drinks	_____	_____
47	pax	PM Snacks - Day 1	Empanada, Softdrinks	_____	_____
47	pax	Meals - Day2	Lunch: Rice, Fish Fillet, Chicken Adobo, Softdrinks	_____	_____
47	pax	AM Snacks - Day 2	Sandwich, Juice	_____	_____
47	pax	PM Snacks - Day 2	Donut, Softdrinks	_____	_____
			RIE - Shine Wason Program (P1)		
185	pax	Meals	Lunch: Rice, Buttered Chicken, Softdrinks	_____	_____
185	pax	AM Snacks	Kakanin, Hot drinks	_____	_____
185	pax	PM Snacks	Empanada, Softdrinks	_____	_____
			RIE - Shine Wason Program (P2)		
180	pax	Meals	Lunch: Rice, Buttered Chicken, Softdrinks	_____	_____
180	pax	AM Snacks	Kakanin, Hot drinks	_____	_____
180	pax	PM Snacks	Empanada, Softdrinks	_____	_____

Approved Budget: P 105,900.00

PR #: 2024-11-1008 Date: 10/14/24 Requesting Unit/Office : _____ SIC _____

- Small Value Procurement Documentary Requirements :**
1. Mayor's/Business Permit
 2. PhilGEPS Registration Number
 3. Income/Business Tax Return (for ABCs above P500,000.00)
 4. Omnibus Sworn statement (for ABCs above P50,000.00) before the issuance award
 5. External Provider form (from DOrSU)

sgd
DR. CHERYLL L. BAUTISTA
BAC Chairperson

The Bids and Awards Committee:

I hereby submit my/our offer at the price indicated opposite the items and agree to the terms and conditions of this as stated on the flipside of this Request/Invitation.

Canvassed/Distributed by:

Date: _____

Name of Establishment

Authorized Signature