DAVAO ORIENTAL STATE UNIVERSITY "A University of excellence, innovation, and inclusion"



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 FM-DOrSU-PROC-10

 Issue Status
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 07.22.2022
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REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

January 28, 2025 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
11	months	Meals	Good for 15 pax (Buffet Style) 2 meals per month Menu: 3 viands (non-pork), Rice, Bottled Softdrinks (12oz), Bottled Water (500ml) & Assorted Fruits		
11	months	Snacks	 Good for 15 pax, 4Snacks per month A. 1 Bottled or Canned Juice (12oz), 1 Bottled Water (500ml), 1 Slice of Cake & 3pcs Bread Roll/Croissant B. Bottled Softdrinks (12oz), Bottled Water (500ml), Special Kakanin (Suman, Kutsinta, Puto & Palitaw) C. Bottled or Canned Juice (12oz), Bottled Water (500ml), Siopao (non-pork), Brownies & Muffins D. Bottled Softdrinks (12oz), Bottled Water (500ml), Lumpia & Empanada Delivery Date and Time: every Thursday (10:00AM-12NN) for Regular meetings and for Special Meetings and Public Bidding Activities may vary upon the approved schedule of the BAC *No Delivery/Service may be made without any communication/confirmation first from the BAC Secretariat Billing may be done at least every month 		

Approved Budget: P 161,700.00

PF	R #:	2025-01-0056	Date:	<u>1/22/2025</u>	Reques	ting Unit/Office :	BAC			
<mark>Sn</mark>	nall Va	lue Procurement Docun								
1.Mayor's/Business Permit 2. PhilGEPS Registration Number sgd										
		Ũ	e							
<mark>3.</mark>]	Income,	Business Tax Return (fo	DR. CHERYLL L. BAUTISTA							
<mark>4.</mark> (<mark>Omnibı</mark>	us Sworn statement (for A	BAC Chairperson							
5	Externa	l Provider form (from D	DrSL D							
5. External Provider form (from DOrSU)										
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.										
co	conditions of this as stated on the inpside of this Request invitation.									

Canvassed/Distributed by:

Name of Establishment

Date:

Authorized Signature