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



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 FM-DOrSU-PROC-10

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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
			for Regional Annual Administrative Tactical Inspection (April 2025)		
100	pax	Meals	Menu: Buffet type		
			Steamed Rice, Bakareta, Fish Fillet, Tinolang		
			Native Chicken, Softdrinks 190ml, Water 350ml,		
			Slice Fruits Triangle Form Pineapple or		
			Watermelon		
100	pax	Snacks	Special Cake Assorted Flavor (Vanilla,		
			Chocolate, Caramel), Juice/Drinks Assorted		
			Flavors (Orange, Pineapple, Apple)		
			for NSTP Graduation (June 2025)		
100	pax	Meals	Menu: Buffet type		
			Rice, Chicken Afritada, Fish Fillet, Softdrinks,		
			Fruits		
100	pax	Snacks	Chicken Lumpia and Empanada, Softdrinks		
			300ml		
			D 00 000 00		

Approved Budget: P 90,000.00

PR #:	<u>2025-01-0066</u>	Date:	<u>1/23/2025</u>	Requesting Un	it/Office :	NSTP						
Small Value Procurement Documentary Requirements :												
	1.Mayor's/Business Permit											
3. Incom	e/Business Tax Return (fo	<u>D</u>	DR. CHERYLL L. BAUTISTA									
<mark>4. Omnib</mark>	bus Sworn statement (for A	the issuance award	BAC Chairperson									
5. Extern	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.

Canvassed/Distributed by:

Name of Establishment

Date:\_\_\_\_\_

Authorized Signature