

REQUEST FOR QUOTATION

Name of Address		shment:		- -	
Sir/Madam:					
		e your lowest price on the item/s listed below, subject to the general uly signed by your representative not later than 23 July 2020 in the ret	urned envelope attached he	ROS C. ADD	/ URU
Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for the Contract	PER UNIT	id Amount TOTAL
		CATERING SERVICES WITH VENUE AND DURING THE 2020 CENSUS OF POPULATION AND HOUSING ON AUGUST 10-15, 2020 (CLASS 1) AT A	(2020 CPH) FOURTH LEV	EL TRAINING	
21	pax	August 10-15, 2020 (6 days) AM Snacks Lunch PM Snacks	PhP56,700.00		
Note: - price Inclusive of VAT - with Free-flowing Coffee			Delivery Period: Warranty: Price Validity		
Afte	r having	carefully read and accepted your General Conditions, I/We quote you	<u> </u>		
MARISON S. LOMBOY Canvasser			Printed Name/Signature Tel. No./Cellphone No.		
			Date		