

Revised on: May 24, 2004

UNIVERSITY OF THE PHILIPPINES MINDANAOMintal, Tugbok District, Davao City
Fax No. (082)**Request for Quotation**

Date: _____

Sir/Madam:

Please quote your lowest price on the items listed below, subject to the General Conditions stated in the attached specifications and submit your quotation duly signed by your representative to UP Mindanao.

BAC Chair/Head of Unit

- Notes:
1. This price quotation must be written clearly and signed by authorized signatory.
 2. Delivery period must be within _____ days.
 3. Price validity shall be for a period of _____ calendar days.
 4. Documentary requirements must be submitted before issuance of Purchase Order.
 5. Please indicate if items will be delivered to UP Mindanao or for pick up.

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	Tissues	15 pcs		
	Coffee (stick)	6 pck		
	Sugar (sachet in a pack)	6 pck		
	Paper Cups	4 packs		
	Plastic Cups	4 packs		
	Paper Plates	4 packs		
	Plastic Spoon	200 packs		
	Plastic Fork	200 packs		
	Oil	5 liters		
	Flour	5 kgs		
	Seasoning: Salt	2 pcs		
	Flavor: Powder Chille	2 pcs		
	Flavor: Cheese	2 pcs		
	Flavor: Bbq	2 pcs		
	Flavor: Sour cream	2 pcs		

c/o: Ms. Vina Rose (LRMO-OC)

	Flavor: Pepper	2 pcs		
	Ziplock: Size; Small, Medium & Large	6 box		
	Dishwashing Liquid	5 bot		
	Sponge	3 pcs		
	Hairnet (kitchen)	150 pcs		
	Gloves (disposable)	3 box		
	Garbage Bag (size: large)	10 packs		

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

Supplier: _____
 Tel. No/Cellphone No. _____
 Address: _____

Signature over Printed Name of Representative _____