Republic of the Philippines
**Cebu Normal University**
Osmeña Blvd., Cebu City,6000, Philippines

**Supply Office**
Telephone No.: (+63 32) 254 1452 loc. 131
Email: supplyofficer@cnu.edu.ph
Website: www.cnu.edu.ph

# REQUEST FOR QUOTATION

**CANVASS No .:** 21-10-643
**Advertisement No.** _____
**Purchase Request** 21-10-643

**Name of Supplier/Company :** _____
**Company Address/Tel./Fax#.:** _____
**Philgeps Registration No. :** _____
**BIR Tin No. :** _____
**DBP Bank Account(No Bank Charge):** _____
**If none DBP Bank Account, Charges May Apply to Suppliers Account**

**Gentlemen:**

Please quote your lowest price on the item/s listed below this page stating the shortest time of delivery and submit your quotation duly signed by your representative not later than November 3, 2021.

**DIOSDADO B. CENIZA**
**Supply Officer**

| Item No. | Qty | Unit | ITEM & DESCRIPTION | Unit Price | Total |
|---|---|---|---|---|---|
| | | | | | |
| | 60 | pax | Hotel Accommodation,Meals & Function Room for 1 night | | |
| | | | >November 26,2021 | | |
| | | | >check-out date: November 27,2021 | | |
| | | | >30 double occupancy rooms (2 pax x 30 rooms = 60 pax); | | |
| | | | one night only | | |
| | | | >Free dinner for all check-in guests on November 26,2021 | | |
| | | | >Free breakfast for all check-in guests on | | |
| | | | November 27,2021 before check-out time | | |
| | | | >negotiable: transport service from venue to hotel for | | |
| | | | 60 pax free | | |
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**NOTE :**

1. DELIVERY PERIOD IS WITHIN_____CALENDAR DAYS.
2. WARANTY SHALL BE FOR A PERIOD OF SIX ( 6 ) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT.
5. THIS FORM SHALL BE ENCLOSED IN AN ENVELOPE AND SEALED BY THE BIDDER HIMSELF.

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

_____
**Printed Name / Signature of Supplier /Contractor**

_____
**Canvasser Signature**

_____
**Date**



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