# TANA SACRETARY

## Republic of the Philippines WESTERN MINDANAO STATE UNIVERSITY

Zamboanga City Telephone No.: 062-991-7875 www.wmsu.edu.ph

### REQUEST FOR QUOTATION

The Western Mindanao State University, through its Bids and Awards Committee (BAC), is inviting PhilGEPS registered suppliers to apply for eligibility and to submit bids for the item mentioned hereunder:

Name of Project: Supply and Delivery of Food for the Testimonial Dinner/Gala Night of the Alumni Relations Office of the University

Approved Budget Cost: Php 125, 000.00

Purchase Request No.: 22-11-500

Closing Date: December 9, 2022 @ 10AM

Description:

1.) 500 Pax Testimonial Dinner/Gala Night DECEMBER 17, 2022 / WMSU GYMNASIUM

#### MENU:

- BEEF STEAK WITH OYSTER SAUCE
- GARLIC FRIED CHICKEN
- SOTANGHON GUISADO
- BUTTERED MIXED VEGETABLE
- STEAMED RICE
- FRESH FRUITS
- SOFTDRINKS, 8 Oz bottle
- to include chairs and tables
- with table cloth
- with servers
- with four (4) food stations
- with five (5) presidential tables (10 pax per table, plated)

The criteria to be used for the eligibility check of the prospective bidders, examination and evaluation of bids, post-qualification and all matters relevant to this procurement shall be in accordance with Republic Act. No. 9184 (The Government Procurement Reform Act) and its Implementing Rules and Regulations.

Interested bidders are required to submit their valid and current Mayor's Permit and PhilGEPS Registration, upon the submission of quotation.

Award of contract shall be made to the lowest calculated and responsive bid, which complies with the necessary description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by the bidder or his/her duly authorized representative/s.

Submission of Quotation and eligibility documents is on or before 10:00 AM of December 9, 2022 at the BAC Office, Ground Floor Executive Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email (bacsecretariate@wmsu.edu.ph) or through facsimile at (062)991-7875.

For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062)991-7875.

## REQUEST FOR QUOTATION Western Mindanao State University

				Quotation	No.:	
				PR No.: PR-22-11-500		
shortest t	time of o	elivery and su	on the item/s listed below, subject to the General Condition bmit your quotation duly signed by your representative not ope attached herewith. Any quotation submitted beyond the	t later than DEC	09 2022	at
NOTE:	3	DELIVERY PERI WARRANTY SH DATE OF ACCE	UST BE TYPEWRITTEN  IOD WITHIN 10 CALENDAR DAYS FROM THE RECEIPT OF THE PL ALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MAT PTANCE BY WESTERN MINDANAO STATE UNIVERSITY Y SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT	IRCHASE ORDER. ERIALS. ONE (1) YEAR FO		
Item No.	Qty	G-EPS REGISTI BIDDERS SHAL	RATION CERTIFICATE SHALL B E ATTACHED UPON SUBMISSION OF LICENSE SHOWING CERTIFICATIONS OF THE BOOK OF T	Approved Budget for Contract	Unit Cost	Total Cost
1.	500	Pax	Testimonial Dinner/ Gala Night December 17, 2022/ WMSU Gymnasium	(ABC)  ₱ 125,000.00		
			Menu:  - Beef Steak with oyster sauce  - Garlic Fried Chicken  - Sotanghon Guisado  - Buttered Mixed Vegetable  - Steamed Rice  - Fresh Fruits  - Softdrinks, 8 oz. bottle  - To include chairs and tables  - With table cloth  - With servers  - With four (4) food stations  - With five (5) presidential tables (10 pax per table, plated)			
			Note: For the Testimonial Dinner/Gala Night of the Alumni Relation Office of the University.			
PAGE 1 of 1  EPS Reference Number :  EPS Solicitation Number :  EPS Closing Date :  After having carefully read and accepted your General Conditions, the foregoing are our price quo				Total:  Brand & Model :  Delivery Period :  Warranty :  Price Validity :		
Allei liav	ing date.	any 1000 and 40	PhilGEPS F	Registration No.: _ Reference No.: _		
REY ESPIRITUSANTO / JORGE CO Canvasser			/ JORGE CONCEPCION / RALPH JUDE LLACUÑA invasser	Printed Name/Signature  EPCION / RALPH JUDE LLACUÑA  Tel .No./Cellphone #		
					Date	