

# Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon



#### REQUEST FOR QUOTATION

## PORK INGREDIENTS FOR HOTEL AND CAFÉ (BAO)

Purchase Request No. <u>2025-01-0294</u>
Approved Budget for the Contract: <u>₽ 50,000.00</u>

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of <u>Pork Ingredients for Hotel and Café (BAO)</u> to apply the sum of <u>Fifty Thousand Pesos Only (P 50,000.00)</u> inclusive of VAT, being the <u>Approved Budget for the Contract (ABC)</u>, details as follows:

| Qty. | Unit | ITEM/S DESCRIPTION                                                 |  |  |
|------|------|--------------------------------------------------------------------|--|--|
|      |      | Hotel and Café                                                     |  |  |
| 1    | lot  | Ingredients (Pork)                                                 |  |  |
|      |      | (when the need arise/near or within Lucban Area)                   |  |  |
|      |      | Pork Ham Leg/ Pigue - P380/kl                                      |  |  |
|      |      | Pork Shoulder Meat/ Kasim - P380/kl                                |  |  |
|      |      | Ground Pork/ Giniling - P385/kl                                    |  |  |
|      |      | Pork Belly/ Liempo - P390/kl                                       |  |  |
|      |      | Pork Loin Steak/ Pork Chop - P390/kl                               |  |  |
|      |      | Pork Head - P280/kl                                                |  |  |
|      |      | Pork Rear Foot/ Hook Shank/ Pata - P275/kl                         |  |  |
|      |      | Pata Front/ Pamauna - P355/kl                                      |  |  |
|      |      | Liver/ Atay - P345/kl                                              |  |  |
|      |      | Laman Loob - P160/kl                                               |  |  |
|      |      | Buntot - P335/kl                                                   |  |  |
|      |      | Balat - P180/kl                                                    |  |  |
|      |      | Longganisa Lucban (small) - P100/dozen                             |  |  |
|      |      | Longganisa Lucban (big) - P200/dozen                               |  |  |
|      |      | *price per Kilo/pc/item/unit are subject to change                 |  |  |
|      |      | depending on the prevailing market price at the time order/deliver |  |  |

1. The quotation must be submitted (can also be send thru email at the contact details listed below) or to the Office of the Procurement Office/Bids and Awards Committee, Southern Luzon State University, 2<sup>nd</sup> Flr. Hermano Puli Building, and shall be received by the Committee.

E-mail: <u>slsuprocurement@slsu.edu.ph</u>

2. The SLSU reserves the right to reject any or all quotations and/or proposals and waive any formalities/ informalities therein and to accept such bids it may consider as most advantageous to the agency and to the government. Southern Luzon State University SLSU neither assumes any obligation for whatsoever losses that may be incurred in the preparation of bids, nor does it guarantee that an award will be made.

MARIDEL C. ZABELLA
Director, Procurement Office
Southern Luzon State University
Lucban, Quezon
Tel. No.: (042)540-6519



### Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon



# REQUEST FOR QUOTATION

| Office/End-User: BAO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            |  |  |  |  |
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| ADDRESS :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            |  |  |  |  |
| TEL. N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O./FAX N                            | O. :         | TIN                                                                                                              | No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                            |  |  |  |  |
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| later than _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Please q                            | uote your lo | owest price on the item(s) listed below, subject to the Terms & Condit<br>ofin the return envelope allached here | ions stated below and submit your quota<br>h to the Procurement office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation duly signed | by your representative not |  |  |  |  |
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| 4. Price validity shall be for a period of sixty (60) calendar days.  5. Suppliers required to submit updated documents yearly such as G-EPS Resgistration,  Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | ffice                      |  |  |  |  |
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| After having carefully need & accepted your Genaral Conditions, We quote you on the item(s) at prices note above. If the space of providec on the Delivery Period, Warranty & Price Validity are left blank,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            |  |  |  |  |
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