EXPRESSION OF INTEREST TO PARTICIPATE

Name of Supplier : _____

Address : _____

_____

Contact Information : _____

Business Permit No : _____

Tax Identification No : _____

After having carefully read and accepted the terms and conditions in the Terms of Reference for the PNRI Canteen Concessionaire. I/We signify our interest to participate in the food tasting event. It is understood that all meals to be served shall be shouldered by our company at no additional cost to the PNRI.

MEALS	PRICE QUOTATION
Breakfast set; *Inclusions; at least three (3) choices of the following:* 1 main Dish, 1 cup of rice, 1 serving of egg and coffee.	
Lunch/ Budget meal; *Inclusions; at least three (3) choices of the following:* 1 serving of pork/chicken/ fish or seafood; 1 cup of rice ½ cup serving of side dish/veggie	
Ala carte:	
Beef	
Chicken	
Pork	
Fish	
Vegetable	
Rice	
Coffee	
Snacks (morning and afternoon)	

_____
Signature Over Printed Name of the
Concessionaire/Authorized Representative

Date: _____

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Fax (632) 8920-16-46
https://pnri.dost.gov.ph/
https://www.facebook.com/PNRIDOST/

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https://twitter.com/dost_pnri
https://www.instagram.com/dost_pnri/

CERTIFICATION INTERNATIONAL ISO 9001:2015