

BIDDING & QUOTATION FORM

SALES DEPARTMENT OT MEALS TRANSPO SUPPLIES LOAD ALLOWANCE OTHERS REFERENCE # REQUESTED BY DATE DATE DEPARTMENT REQUESTED RELEASED ACCOUNT **ACTIVITY** DESCRIPTION UNIT **UNIT COST** TOTAL AMOUNT QTY **GRAND TOTAL** PREPARED BY **ENDORSED BY** APPROVED BY **Team Leader** (Signature over Printed Name) **Employee's Signature** President/Vice-President/National Sales Director (Signature over Printed Name) DATE SIGNED: DATE SIGNED: DATE SIGNED:



BMI-FORM-SLS-009

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REQUESTED BY			REFERENCE #			
DEPARTMENT			DATE REQUESTED		DATE RELEASED	
ACCOUNT			ACTIVITY			
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