

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2018-07-1093

Date: July 30, 2018

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Company TIN : _____
PhilGEPS Reg. No. : _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non - compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your **Company's Business Permit, PhilGEPS Certificate, latest Income/Business Tax Return and Omnibus Sworn Statement**. The **Certificate of Platinum Membership** maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number

Please accomplish and submit this form together with Annex A to DSWD - Procurement Unit at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or **fax it through numbers: (02) 336-8106 to 07 loc. 111 or email to: pantawidprocurement4bEmmA@gmail.com** not later than **5:00PM on August 6, 2018 (Monday)**.

Very truly yours,

HARVEY R. CALABIO

Administrative Officer V
Procurement Section

Telefax: 336-8106 to 07 loc. 101 & 111

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Good/s shall be delivered on: on the date of conduct of activity
- Place of Delivery: Metro Manila
- Terms of Payment: within 15-30 days upon final inspection and acceptance
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number : _____
Bank Name: _____ Branch: _____
***Note: Non Land Bank of the Philippines accounts shall be charged a service fee*
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

EMMA JOY C. NOLASCO

Procurement Officer

Tel. No: 336-8106 Local 101/Cel. No.0949-4246305

Signature Over Printed Name
(Supplier)

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RFQ No. 2018-07-1093
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(should be filled up by suppliers)

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 Company TIN _____
 PhilGEPS Reg. No. _____

MOP: _____
 LOV _____

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
1	72	pax	Board and Lodging for the conduct of Information System users Technology Training on the MCTT-SPMIS for Pantawid MCTT Community Facilitators/ Case Workers for 4 days			
	60	guaranteed pax	Venue: Metro Manila Date of Activity: September 3-7, 2018			
			Check in: September 3, 2018 (12:00nn)-w/ provision of Buffet Lunch, PM Snack and Buffet Dinner			
			September 4-6, 2018-Full Meals (Buffet-Breakfast, Lunch, Dinner); Plated - AM and PM Snacks			
			Check out: September 7, 2018 (12:00nn) - with provision of Buffet Breakfast and Am PM Snack and Buffet Dinner			
			INCLUSIONS:			
			Room Accomodation:			
			Triple Sharing (single bed for each pax)			
			Air conditioned Room with Hot and Cold Shower			
			w/ cable TV, Free Wi-Fi, Telephone line Intercon			
			Towel, Shampoo, Toothpaste, Soap provided			
			1 complimentary room for secretariat			
			<i>Advance check-in for participants and secretariat as early as 8am (Good for 10pax)</i>			
				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification		
				"Failure to indicate information could be basis for non-compliance."		

PURPOSE: For the conduct of the Information System users Technology training on the MCTT-SPMIS for Pantawid MCTT Community Facilitators/Case Workers
 PR No.: 2018-07-1093
IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax.
FAILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

EMMA JOCKEY NOLASCO

Procurement Officer

(Signature over printed name)

Supplier

VAT
 Non-VAT

