

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

		RFQ No	2021-06-0545 NP SVP
		Date:	June 25, 2021
Company Name	<u>i. '.'' '. </u>	_	
Company Address		_	
Contact Person	<u> </u>	<u>_</u>	
Contact No.	<u>:</u>	_	
Email Address	<u>:</u>	_	
Company TIN	<u>:</u>	_	A
PhilGEPS Reg. No.	:	_	
0:-/14	, 7		
Sir/Madam:			
incidental expenses compliance. Also, fur If you are exclusive	for the goods listed in Annex raish us with descriptive brochur	A. Failure to indicate in res, catalogues, literatura gent in the Philippines to	other applicable taxes, and other information could be basis for noners and/or samples, if applicable. for goods listed in Annex A, please
Income/Business Ta	attach copies of your Comp ax Return and Omnibus Swo ieu of the Mayor's /Business Pe	orn Statement. The Ce	mit, PhilGEPS Certificate, latest ertificate of Platinum Membership gistration Number
F.T. Benitez corner N	nd submit this form together wit Malvar Sts., Malate, Manila or f rio@dswd.gov.ph not late	fax it through number	Procurement Unit at 2nd Floor 1680 s: (02) 336-8106 to 07 loc. 111 or 2, 2021 (Friday).
	- 7		Very truly yours,
Terms and Conditio	ns:	Adr Pr	RVY B. CALABIO ministrative Officer V ocurrement Section 336-8106 loc 24051-52
Tormo ana Goriando			
 Price Validity sha Services shall b 	ll be valid until: One Hundred Tw e deliver July 27-30, 2021		
Place of Delivery:		FT Benitez St. cor Malva	r St., Malate, Manila
5. Terms of Paymen	within 15-30 days upon final	inspection and accepta	ince
Payment through	LDDAP-ADA (List of Due and De		
	i .	Acc	ount Number :
Bank Name:	d Bank of the Blow		nch:
6 Liquidated Dames	d Bank of the Philippines accoun	nts shall be charged a se	ervice fee
the amount of the	ges/Penalty: In case of failure to	make full delivery withir	the time sepcified above,
the unperformed	e ilquidated damages shall be a	t least equal to one-tenti	n of one percent (0.001) of the cost o
damages reache	portion for every day of delay s	hall be imposed. Once t	he cumulative amount of liquidated
the contract with	s ten percent (10%) of the amou	nt of contract, the Procu	ring Entity may rescind or terminate
7 For goods places	indicate brand and delivery	of action and remedies a	vailable under the circumstances.
	indicate brand, model and country		
Please indicate was	ancy between unit cost and total co	ost, unit cost shall prevail.	
		41 - DL'11	
/ (PhilGED	ctive supplier must be registered at (S). You may visit the PhilGEPS web	uie Philippine Governmen	t ⊑lectronic Procurement System
hum?	5). Tou may visit the Philider's web	osite at www. philgeps.gov	.ph to register"
CATHERINE CATH			
Tel. No: 5336-810		8	Signature Over Printed Name
101. INO. P330-0100	J 100 2400 I-02		(Supplier)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

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

Note: "Prospective supplier must be registered at the Philippine Government RFC Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"	Date:	_ (should be filled by suppliers)
Company Name :	WOP: SVP	×
Company Address :		
Contact Person :		
Contact No. :		
Email Address :		
Company TIN :		
PhilGEPS Reg. No. :		
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tèm No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cos
1	36	pax	Catering Service			
28 gauranteed pax		ed pax	4th Annual Visual M&E Conference	1 4		
			Venue: DSWD MIMAROPA FO 1680 FT Benitez St. cor Malvar	,	- 1	,
			St., Malate, Manila			
			Dates: July 27-30, 2021			
8						
			Type and time of serving;			
			Am snack: Plated (9:00 am)			
			Lunch: two main course and 1 vegetable viand (11:30 am)			
			PM snack: Plated (3:00 pm)			
			Free inclusions:			
			Free flowing coffee/candies/nuts/milo		4	
			Note:			
		-	Meals must be served hot			
-			Caterer should submit proposed menu of the day two (2)		-	
			days before the scheduled activity			
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			nothing follows			5
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				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification		
5.						
					54	
-				!Eailure to !!!	1	
				'Failure to indicate- nformation could be basis-	15	
				for non-compliance."	4	9

PURPOSE: 4th Annual Visual M&E Conference PR No.: 2021-06-0545 NP SVP

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.

CATHERINE CATHY R. VICTORIO
Procurement Officer
Tel: 336-8106 Local 101/Fax No: 8336-8106 Local 24051-52/Email: procurementds

(Signature over printed name) Supplier VAT
Non-VAT