

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MIMAROPA Region

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

REQUEST FOR QUOTATION

		RFQ N Date:	o. 2021-06-0456 NP-SVP JUNE 01, 2021
Company Nama			
Company Name Company Address	· · · · · · · · · · · · · · · · · · ·		
Contact Person			
Contact No.	:		
Email Address	· · · · · · · · · · · · · · · · · · ·		
Company TIN	:		
PhilGEPS Reg. No.	·		
Sir/Madam:			
expenses for the goods	ernment price/s including delivery charges, VATs listed in Annex A . Failure to indicate informatures, catalogues, literatures and/or samples, if a	tion could be ba	
	anufacturer, distributor, or agent in the Philippinized certification to this effect.	nes for goods lis	sted in Annex A, please attach in your
Income/Business Tax	tach copies of your Company's Business Pern Return and Omnibus Sworn Statement . The /Business Permit and PHILGEPS Registration N	e Certificate of	ermit , PhilGEPS Certificate, latest Platinum Membership maybe submitted
Please accomplish and	I submit this form together with Annex A to DS	WD - Procurem	nent Unit at 2nd Floor 1680 F.T. Benitez
	alate, Manila or fax it through numbers: (02)		
	z.ph not later than 5:00 PM on JUNE 08, 202		
ightop(w/uswu.gov	.pn not later than 5.00 1 101 011 30 1 12 06, 202		
		H	Vervitruly vours. ARVY B. CALABIO Administrative Officer V Procurement Section
Terms and Condition	ıs:		
Award shall be made a Price Volidity sho	ade on per: item basis X tota Under the state of the sta	al quoted price	lot basis
	delivered on: JULY 22, 2021	chuai uays	
4. Place of Delivery:		1680 F.T. BENITE2	Z ST., COR, MALVAR ST., MALATE, MANILA)
5. Terms of Paymen			
•	LDDAP-ADA (List of Due and Demandable Acc		Advice to Debit Account)
Account Name:		Account N	
Bank Name:		Branch:	
	nd Bank of the Philippines accounts shall be charg		
6. Liquidated Dama	3 11		he time specified above,
	e liquidated damages shall be at least equal to on		
	l portion for every day of delay shall be imposed.		
	s ten percent (10%) of the amount of contract, th		
	hout prejudice to other courses of action and rem		
	indicate brand, model and country of origin.		
8. In case of discrep	ancy between unit cost and total cost, unit cost shall	prevail.	
9. Please indicate w			4.10
10. NOTE: "Pros	pective supplier must be registered at the Philippine G	overnment Electr	onic Procurement System
(PhilG	GEPS). You may visit the PhilGEPS website at www. p	hilgeps.gov.ph to	register"
	1 .		
	100 N		
LORET	TKG LIGOP		
Procur	ement Officer		Signature Over Printed Name
Telefax: 5336-81	106 to 07 loc. 24051-52		(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 Electronic Procurement

RFQ No 2021-06-0456

Item	04.		D 0 0		
PhilGE	PS Reg. No.	:			
	ny TIN	:			
Email A	Address	:			
Contac	t No.	:			
Contac	t Person	<u>:</u>			
Compa	ny Address	:			
Compa	ny Name	:		MOP:	NP-SVP
	oystem (i imor	i Oj. Tou may vist inc i	TimoLi o website at www.pringeps.gov.pri to register	Duto	

FIIIIGE	ro Reg.	NO.	<u></u>			
Item No.	Qty.	Unit	Purchaser's Spcification	Bidder's Specifications	Unit Cost	Total Cost
1	40	pax	CATERING SERVICES (1 Meal)			
36 Guaranteed Pax		ed Pax	ONLINE LEARNING SESSION ON MENTAL HEALTH AND PSYCHOLOGICAL FIRST AID AMIDST COVID-19			
			Date of Activity:			
			JULY 22, 2021			
			Venue:			
			DSWD FIELD OFFICE MIMAROPA REGION			
			Type of Serving:			
			LUNCH - 11:45 am			
			PACKED MEALS:			
			2 Main Dish (Chicken/Beef/Fish and Vegetables) Rice, Desserts, Fresh Juice (NO Powdered Juice) and Soup			
			Nice, Dessetts, Fresh Juice (NO Fowdered Juice) and Joup	<u> </u>		12
			NOTE:			
			Caterer shall submit proposed menu of the day two (2) days before the schedules activity			
			*****NOTHING FOLLOWS*****			
			/ /			
		-				
			Approved Budget for the Contract: Php 12,000.00			
			Approved Budget for the Contacts 1 Hip 12,000.00			
				Note: Please specify brand/		
	-			model/ origin Please fill up		
				the space for Bidder's Specification		
				openie de la constante de la c		
	-					
				"Failure to indicate		
				"Failure to indicate information could be basis		
				for non-compliance."		

PURPOSE:	CATERING SERVICES FOR ONLINE LEARNING SESSION ON MENTAL HEALTH AND PSYCHOLOGICAL FIRST AID AMIDST COVID-19
	2004 00 0450

PR No.: 2021-06-0456

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. FAI_LURE 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. ☐ VAT

LORETTA G LICOP
Procurement Officer Telefax: 5336-8106 to 07 loc. 24052

(Signature over printed name) Supplier

Non-VAT