



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
FIELD OFFICE - MIMAROPA  
1680 F.T. Benitez Corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2021-10-0101  
Date: October 15, 2021

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Company TIN : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
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) 5336-8106 to 07 loc. 24051-52 or email to: kc4bprocurement2@gmail.com not later than 5:00PM on October 19, 2021 (Tuesday).

Very truly yours,

HARVEY B. CALABIO  
Administrative Officer VI  
Procurement Section

Telefax: 5336-8106 to 07 loc. 24051-52

Terms and Conditions:

1. Award shall be made on per:  item basis  total quoted price  lot basis
2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
3. Services shall be delivered Five (5) days upon received of approved P.O
4. Place of Delivery: DSWD Field Office MiMaRoPa, 1680 F.T. Benitez Corner Malvar Sts., Malate, Manila
5. 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**
6. 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.
7. For goods please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate warranty:
10. 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](http://www.philgeps.gov.ph) to register"

SHARON F. PASCASIO  
Procurement Officer

Tel. No: 5336-8106 Local 24051-52

\_\_\_\_\_  
Signature Over Printed Name  
(Supplier)



**Procurement Form No. 04-A (Annex A)**  
**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 System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"**

**RFQ No.** 2021-10-0101  
**Date:** (should be filled up by suppliers)  
**MOP:** SHOPPING

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Company TIN : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 PhilGEPS Reg. No. : \_\_\_\_\_

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
			<b>REGIONAL PROJECT MANAGEMENT OFFICE MEETINGS</b>			
			Specifications: Catering Services for the conduct of RPMO Meetings			
1	10	PAX	<b>UNIT HEADS MEETING - 8 MEETINGS</b> Date: Oct 20,22,27, Nov 3,17,25 & Dec 6, 13, 2021 Venue: 3rd Floor Conference Room and Virtual Conference Meals: Packed AM and PM snack, Buffet Lunch Guaranted Pax: 10 Pax Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica and repetition of meals)			
2	40	PAX	<b>RPMT MEETING</b> * includes the following units - Engineering/Infra Unit - 8 pax - Finance Unit - 8 pax - M&E Unit - 5 pax - Procurement Unit - 6 pax - Admin Unit - 9 pax Date: Nov 15, 2021 Venue: 3rd Floor Conference Room and Virtual Conference Meals: Packed AM and PM snack, Buffet Lunch Guaranted Pax: 40 Pax Plated: N/A Buffet: N/A Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica and repetition of meals)			
			*** Nothing Follows ***			
			<b>Approved Budget: Php 60,000.00</b>	Note: Please specify brand/ model/ origin Please fill up the space for Bidder's "Failure to indicate information could be basis for non-compliance."		

PURPOSE: Catering services for the conduct of CEAC proposal for NCDDP Additional Funding.

PR No.: 2021-10-0101

**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 form 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.**

**SHARON F. PASCASIO**

Procurement Officer

Tel: 5336-8106 Local 24051-52/Fax No: 5336-8106 Local 24051-52/Email: kc4bprocurement2@gmail.com

(Signature over printed name)

Supplier

VAT  
 Non-VAT





**REQUEST FOR QUOTATION RECEIVING FORM**

I Hereby certify that I \_\_\_\_\_, of \_\_\_\_\_ has received the **Request for Quotation RFQ No. 2021-10-0101** from DSWD MIMAROPA Region intended for **Catering services for the conduct of UH and RPMT Meetings proposal for NCDDP Additional Funding.**

**Certified by:**

\_\_\_\_\_  
(Signature Over Printed Name of Supplier)  
Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**RFQ Delivered by:**

\_\_\_\_\_  
(Signature Over Printed Name of Canvasser)  
Position: \_\_\_\_\_  
Date / Time of Delivery: \_\_\_\_\_

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.