

REIMBURSEMENT EXPENSE RECEIPT

Date	No.
RECEIVED from _____ (Name)	
_____ the amount (Official Designation)	
of _____ (P _____) (In Words) (In Figures)	
to payment for _____ (Payments for subsistence, services, rentals or transportation should show inclusive dates, purpose, distance, inclusive places of travel, etc.)	

PAYEE

Name/Signature ✓ _____ ✓
Address Purok ✓ _____ Bgy. ✓ _____, Palawan ✓
Residence Cert. No. CP #: ✓ _____
Date of Issue _____
Place of Issue _____

WITNESS

Name/Signature _____
Address _____
Residence Cert. No. _____
Date of Issue _____
Place of Issue _____

REIMBURSEMENT EXPENSE RECEIPT

Date	November 15, 2021	No.	OP-CGC-OCA-20221-11_____
RECEIVED from _____ (Name)			
_____ the amount (Official Designation)			
of _____ (P _____) (In Words)		(P _____) (In Figures)	
to payment for _____ (Payments for subsistence, services, rentals or transportation should show inclusive dates, purpose, distance, inclusive places of travel, etc.)			

PAYEE

Name/Signature ✓ _____ ✓
Address Purok ✓ _____ Bgy. ✓ _____, Palawan ✓
Residence Cert. No. CP #: ✓ _____
Date of Issue _____
Place of Issue _____

WITNESS

Name/Signature _____
Address _____
Residence Cert. No. _____
Date of Issue _____
Place of Issue _____

CLIENT'S CATEGORY:

- Family Head and Other Needy Adult
- Men/Women in Especially Difficult Circumstances
- Youth in Need of Special Protection
- Children in Need of Special Protection
- Senior Citizen

BENEFICIARY'S CATEGORY:

- Family Head and Other Needy Adult
- Men/Women in Especially Difficult Circumstances
- Youth in Need of Special Protection
- Children in Need of Special Protection
- Senior Citizen

Sub-Category: _____
Identify a sub-category if necessary

ASSESSMENT *(use additional sheets as necessary)*

PROBLEM/S PRESENTED:

SOCIAL WORKER'S ASSESSMENT:




RECOMMENDED SERVICES AND ASSISTANCE

Counseling
 Legal Assistance
 Referral *(Specify)* _____
 Others *(Specify)* _____

Financial Assistance

- Medical Needs
- Burial Needs
- Transportation Needs
- Educational Support
- Food Subsidy
- Non-Food Items

PURPOSE	AMOUNT OF ASSISTANCE	MODE OF ASSISTANCE	FUND SOURCE

Interviewed by: <hr/> Name and Signature of Social Worker	Reviewed and Approved by: <hr/> Name and Signature of Social Worker	<div style="text-align: center;">   <hr/> Name and Signature of Client </div>	<div style="text-align: center;">  <hr/> Thumb Mark </div>
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Republic of the Philippines
 DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 CRISIS INTERVENTION UNIT
 1680 F.T Benitez cor. Malvar Sts Malate, Manila



CERTIFICATE OF ELIGIBILITY

Client ID: _____

GL NO: _____

Date: _____

This is to certify that _____, _____, _____ years/old and presently residing at Purok _____ Bgy. _____ has been found eligible for financial assistance for _____ self after a thorough assessment has been conducted.

Records of the case such as the following are confidentially filed at the Crisis Intervention Unit.

<input checked="" type="checkbox"/>	GENERAL INTAKE SHEET	<input type="checkbox"/>	MEDICAL CERTIFICATE/ABSTRACT
<input type="checkbox"/>	REFERRAL LETTER	<input type="checkbox"/>	DISCHARGE SUMMARY
<input type="checkbox"/>	SOCIAL CASE STUDY REPORT	<input type="checkbox"/>	DEATH SUMMARY
<input type="checkbox"/>	JUSTIFICATION	<input type="checkbox"/>	TREATMENT PROTOCOL
<input checked="" type="checkbox"/>	VALID ID PRESENTED	<input type="checkbox"/>	VACCINATION
<input checked="" type="checkbox"/>	BRGY. CERTIFICATE	<input type="checkbox"/>	LAB REQUEST CHARGE SLIP
<input checked="" type="checkbox"/>	OTHERS:	<input type="checkbox"/>	QUOTATION
<input checked="" type="checkbox"/>	CERTIFICATE OF ELIGIBILITY	<input type="checkbox"/>	PRESCRIPTIONS
		<input type="checkbox"/>	STATEMENT OF ACCOUNT

The Client is hereby recommended to receive _____ for _____ in the _____.

Chargeable Against: PSP-PSIFDC 2021

Clientele Category: FHONA/ WEDC/YNSP/SC

PREPARED BY:

Lic No.
 Social Welfare Officer II

APPROVED BY:

ERIC P. ABOROT
 LIC #: 0019048
 SWO II/SWAD TEAM LEADER

CONFORME:

✓

✓

 SIGNATURE OVER PRINTED NAME
 REQUESTING PARTY



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

REQUEST FOR QUOTATION

RFQ No.: 2021-11-1067 NP-SVP
Date: NOVEMBER 17, 2021

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
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, Mayor's 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. 24052 or email to: lglicop@dswd.gov.ph** not later than **5:00 PM on NOVEMBER 23, 2021**.

Very truly yours,

HARVY B. CALABIO
Administrative Officer V
Procurement Section

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
- Services shall be delivered on: November 29 and December 7, 2021
- Place of Delivery: DSWD SWADT OFFICE-Palawan (#54 H. Mendoza St., Puerto Princesa City, Palawan)
- 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"

LORETTA G. LICOP
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052

Email: proc.davecorcoro.dswd4b@gmail.com / dtcorcoro@dswd.gov.ph

Signature Over Printed Name
(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 System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

RFQ No: 2021-11-1067
 Date: _____ (should be filled up by suppliers)

MOP: NP-SVP

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

Item No.	Qty.	Unit	Bidder's Specifications	Unit Cost	Total Cost
			SERVICE PROVIDER FOR PRINTING OF AICS FORMS (PALAWAN)		
			SPECIFICATIONS:		
			A4 Size Bond Paper, 80gsm		
			TYPES OF FORMS:		
1	35,000	copies	CIS GENERAL INTAKE SHEET PART 1 (2 Forms in a Sheet) ✓		
2	70,000	copies	CIS GENERAL INTAKE SHEET PART 2 ✓		
3	70,000	copies	CERTIFICATE OF ELIGIBILITY ✓		
4	35,000	copies	REIMBURSEMENT EXPENSE RECEIPT (APPENDIX 46) - 2 Forms in a Sheet ✓		
			NOTE:		
			See Attached Sample Forms		
			INCLUSIONS:		
			CIS General Intake Sheet Forms Part I Should Be CUT and PACKED Into Reams		
			RER Forms Should Be CUT and PACK Into Reams		
			*****NOTHING FOLLOWS*****		
			NOTE:		
			*See Attached Sample of Forms		
			*To Submit Drafts of Layout Upon Receipt of Approved P.O.		
			*To Coordinate with the AICS Staff in SWADT-Palawan Office for the Final Layout Before the Delivery of Forms		
			Delivery Place:		
			DSWD SWADT OFFICE-Palawan #54 H. Mendoza St., Puerto Princesa City, Palawan		
			Delivery Date:		
			NOVEMBER 29, 2021 (1st Delivery for 20,000 copies)		
			DECEMBER 7, 2021 (2nd Delivery for 15,000 copies)		
			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."		
			PAGE 1 OF 1		
			Total Approved Budget for the Contract: Php 210,000.00		

PURPOSE: PRINTING AND DELIVERY OF AICS FORMS TO BE USED DURING THE INTAKE INTERVIEW ASSESSMENT ON OFF-SITE SERBISYO IN THE PROVINCE OF PALAWAN
 PR No.: 2021-11-1067

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.

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

VAT
 Non-VAT

 (Signature over printed name)
 Supplier