



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

REQUEST FOR QUOTATION

RFQ No. 2021-10-0100  
Date: November 2, 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 November 8, 2021 (Monday)**

Very truly yours,

**HARVY B. GALABIO**  
Administrative Officer V  
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: ROXAS, ORIENTAL MINDORO
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 sepcified 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. 2021-10-0100  
 Date: (should be filled up by suppliers)  
 MOP: SHOPPING

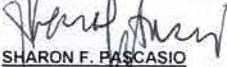
Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Company TIN : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 PhilGEPS Reg. No. : \_\_\_\_\_

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
			<b>CLUSTER AREA COORDINATING TEAM MEETINGS</b>			
			<b>Specifications:</b>			
			Catering Services for AC Meetings for cluster of			
			BULALACAO, MANSALAY, BANSUD			
			and SAN TEODORO, ORIENTAL MINDORO			
			<b>Venue:</b> ROXAS, ORIENTAL MINDORO			
1	15	pax	<b>AREA COORDINATING MEETING</b>			
			<b>Date:</b> Nov 9 and 29, 2021			
			<b>Venue:</b> SWADT Office and Virtual Conference Meeting			
			<b>Meals:</b> Packed AM and PM snack; and Lunch Buffet			
			<b>Guaranteed Pax:</b> 15			
			<b>Buffet:</b> Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
2	15	pax	<b>TECHNICAL FACILITATOR TEAM MEETING</b>			
			<b>Date:</b> Nov 12 and 22, 2021			
			<b>Venue:</b> SWADT Office and Virtual Conference Meeting			
			<b>Meals:</b> Packed AM and PM snack; and Lunch Buffet			
			<b>Guaranteed Pax:</b> 15			
			<b>Buffet:</b> Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
3	15	pax	<b>MUNICIPAL FINANCIAL ANALYST TEAM MEETING</b>			
			<b>Date:</b> Nov 15 and Dec 1, 2021			
			<b>Venue:</b> SWADT Office and Virtual Conference Meeting			
			<b>Meals:</b> Packed AM and PM snack; and Lunch Buffet			
			<b>Guaranteed Pax:</b> 15			
			<b>Buffet:</b> Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
4	15	pax	<b>COMMUNITY EMPOWERMENT FACILITATOR MEETING</b>			
			<b>Date:</b> Nov. 19 and Dec 7, 2021			
			<b>Venue:</b> SWADT Office and Virtual Conference Meeting			
			<b>Meals:</b> Packed AM and PM snack; and Lunch Buffet			
			<b>Guaranteed Pax:</b> 15			
			<b>Buffet:</b> Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
			*** Nothing Follows ***			
			<b>Approved Budget Cost: 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."		
			***Page 1 of 1***			

PURPOSE: Area Coordinating Team Meeting for cluster of BULALACAO, MANSALAY, BANSUD and SAN TEODORO, ORIENTAL MINDORO

PR No.: 2021-10-0100

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 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. 2021-10-0100** from DSWD MIMAROPA Region intended for **Catering services for Area Coordinating Team Meeting for cluster of BULALACAO, MANSALAY, BANSUD and SAN TEODORO, ORIENTAL MINDORO**

**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.