

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE - MIMAROPA

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

## REQUEST FOR QUOTATION

		RFQ No. 202 Date: No.	1-10-0131 rember 8, 2021
Company Name	8		
Company Address	*		
Contact Person	1		
Contact No.	2		
Company TIN			
Email Address	•		
PhilGEPS Reg. No.	<u>:</u>	<del></del>	
Sir/Madam:			
incidental expenses	for the goods listed in Annex A.	very charges, VAT or <b>other applic</b> Failure to indicate information co res, catalogues, literatures and/or	uld be basis for non -
	manufacturer, distributor, or ager ly notarized certification to this el	nt in the Philippines for goods liste ffect.	d in Annex A, please attach in
Income/Business T	ax Return and Omnibus Swor	s Business Permit, PhilGEPS Con Statement. The Certificate of Id PHILGEPS Registration Number	Platinum Membership maybe
Benitez corner Malv	ar Sts., Malate, Manila or fax it	h Annex A to DSWD - Procurementhrough numbers: (02) 5336-816 t later than 5:00PM on November	6 to 07 log. 24051-52 or
			7/
		Ver	y truly yours,
		/	14
			BLEALABIO 11/6/2
			trafive Officer V 19/
			ement Section
	4	Telefax: 5336-8	106 to 07 loc. 24051-52
Terms and Conditi	ons:		5,
1 Award shall be	made on per: item basis	X total quoted price	ot basis
	nall be valid until: One Hundred Tv		
3. Services shall b	e delivered Five (5) days upon re	ceived of approved P.O / 4 14	Ante of getivity
4. Place of Deliver		ntral Elementary School, Barangay F	oblacion Concepción, Rombion
	ent: within 15-30 days upon fina		
		emandable Accounts Payable- Adv	
	t		ber :
Bank Name:		Branch:	
"Note: Non La	no Bank of the Philippines accou	unts shall be charged a service fee o make full delivery within the time	sencified above
the amount of	the liquidated damages shall be	at least equal to one-tenth of one p	ercent (0.001) of the cost of
the unperform	ed portion for every day of delay	shall be imposed. Once the cumul	ative amount of liquidated
damages reac	hes ten percent (10%) of the amo	unt of contract, the Procuring Enti	y may rescind or terminate
the contract w	ithout prejudice to other courses	of action and remedies available u	inder the circumstances.
	se indicate brand, model and count		
	epancy between unit cost and total		
<ol><li>Please indicate</li></ol>	warranty:		
10. NOTE: "Pros	pective supplier must be registered	at the Philippine Government Electron ebsite at www. philgeps.gov.ph to reg	
	n arragram		
	F. PASCASIO		
	ment Officer	Sig	nature Over Printed Name



## Procurement Form No. 04-A (Annex A) DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaroPa Region

	pany	Name	£		MOP:	by suppliers) SHOPPING
Comp	any A	ddress	:			
Cont	act P	erson	•			
Con	tact	No.				
		y TIN				
		dress				
PhiliG	EPS K	eg. No.	<u> </u>			
ltem No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
	_					
			Activity:			
			SUPPLIERS' AND CONTRACTOR'S CONFERENCE FOR NATIONAL COMMUNITY DRIVEN DEVELOPMENT RPOGRAM (NCDDP) - ADDITIONAL FINANCING			
	-	-	Specifications:			
1	30	pax	Catering Services			
-	- 00	pax	Catoning Convicco			
			Date: November 18, 2021			
			Venue: Social Hall, Concepcion Central			
			Elementary School, Barangay Poblacion			
			Concepcion, Romblon			
			Guaranteed Pax: 30			
			Packed Meals: AM Snack, Lunch & PM Snack			
			Snacks: AM and PM Snacks with cold beverage			
			Lunch: Minimum of 2 viands with soup,			
			dessert/fruits and cold drinks. No repetition			
			of meals			
			***Nothing Follows***			
			Approved Budget Cost: Php 10,500.00		-	
						<del></del>
_	-	-				
		-				1
	-	-			-	
_	-	-				
	-			-		7
-	-	-		Note: Please specify brand/		
		1		model/ origin Please fill up		
				the space for Bidder's		
	$\vdash$	1		"Failure to indicate		
		1		information could be basis		
			***Page 1 of 1***	for non-compliance."		
PUR	POSE	Caterine	g servoices for the Suppliers and Contractor's Conference for National Commi		I Financing in C	Concepcion, Rombion
PR N	No.:	2021-	10-0131 nning bidder MUST SIGN the original copy of Purchase Order (P.O.) at E	SWD FO MIMAROPA Region, Procurement	t Unit within th	ree (3) days form date
adva	ince co	py was s	served thru fax. FAILURE to show up and sign the original P.O. means	the bidder is not interested and will be gr	ound for sus	pension or blacklistin

**Procurement Officer** 

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

(Signature over printed name) Supplier

## REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	, of
	has received the Request for
Quotation RFQ No. 2021-10-0131 from DSV	VD MIMAROPA Region intended for
Catering servoices for the Suppliers and National Community Driven Development Financing Budget Batch 1 Municipalities	d Contractor's Conference for Program (NCDDP) - Additional
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.