

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE - MIMAROPA

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

REQUEST FOR QUOTATION

		RFQ No. 2021-10-0127 Date: November 8, 2021
Company Name	8	
Company Address	* ************************************	
Contact Person	3	
Contact No.		
Company TIN		
Email Address	3	
PhilGEPS Reg. No.	.1	
Sir/Madam:		
incidental expenses	for the goods listed in Annex	elivery charges, VAT or other applicable taxes , and other A . Failure to indicate information could be basis for non -nures, catalogues, literatures and/or samples, if applicable.
	manufacturer, distributor, or ag y notarized certification to this	gent in the Philippines for goods listed in Annex A, please attach in effect.
Income/Business T	ax Return and Omnibus Sw	ny's Business Permit, PhilGEPS Certificate, latest forn Statement. The Certificate of Platinum Membership maybe and PHILGEPS Registration Number
Benitez corner Malva	ar Sts., Malate, Manila or fax	with Annex A to DSWD - Procurement Unit at 2nd Floor 1680 F.T. it through numbers: (02) 5336-8106 to 07 loc. 24051-52 or not later than 5:00PM on November 11, 2021 Thursday)
Cilian to. KC+DDIO	surementa@gman.com	not later than says in on november 11, 2024 marouay
		Very truly yours,
		HARVY E CALABIO Administrative Officer V Procurement Section
		Telefax: 5336-8106 to 07 loc. 24051-52
Terms and Condition	one.	Telefax, 5550-0100 to 07 loc. 2405 1-52
remis and condition	7113.	*
1. Award shall be r	made on per: item basis	X total quoted price lot basis
	all be valid until: One Hundred	Twenty (120) Calendar days
Services shall b	e delivered Five (5) days upon	received of approved P.O / on the date of activity
		hool Hall; Municipal Covered Court, Municipal Compound San Teodoro, Oriental Mindoro
		inal inspection and acceptance
555		Demandable Accounts Payable- Advice to Debit Account)
Account Name	í <u> </u>	Account Number :
Bank Name:		Branch:
"Note: Non La	nd Bank of the Philippines acc	counts shall be charged a service fee
6. Liquidated Dam	ages/Penalty: In case of failure	e to make full delivery within the time sepcified above,
		be at least equal to one-tenth of one percent (0.001) of the cost of
the unperforme	d portion for every day of dela	ay shall be imposed. Once the cumulative amount of liquidated
the contract wi	thout projudice to other course	nount of contract, the Procuring Entity may rescind or terminate
		es of action and remedies available under the circumstances.
	e indicate brand, model and cou epancy between unit cost and to	
9. Please indicate		
10. NOTE: "Prosp	ective supplier must be registere	d at the Philippine Government Electronic Procurement System website at www. philgeps.gov.ph to register"
PHARON	E BASCASIO	
	F. PASCASIO	Cianatura Ouas Drintad Nama
	ment Officer	Signature Over Printed Name
rei, No: 5336-81	06 Local 24051-52	(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

Company Name		Name				(should be filled up by suppliers) SHOPPING
Con	act P	erson	•			
		No.				
		y TIN				
		dress				
		eg. No.				
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
			A at the			
_	_		Activity:			
			SUPPLIERS' AND CONTRACTOR'S CONFERENCE FOR NATIONAL COMMUNITY DRIVEN DEVELOPMENT RPOGRAM (NCDDP) - ADDITIONAL FINANCING			
	-	_	Specifications:			-
1	30	рах	Catering Services			
	-00	pax	Outcoming Co. Vioco			
			Date: November 17, 2021			
			Venue: SB Hall; San Teodoro Central School Hall;			
			Municipal Covered Court, Municipal Compound			
			San Teodoro, Oriental Mindoro			
			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			
	-					
				N. Di		
				Note: Please specify brand/ model/ origin Please fill up		
	-	-		the space for Bidder's "Failure to indicate		
_	-	-		information could be basis		
		1	***Page 1 of 1***	for non-compliance."		V
PUR	POSE	Caterin		inity Driven Development (NCDDP) - Additional	Financing in	San Teodoro, Oriental
PRI	No.:	2021-	.10-0127 nning bidder MUST SIGN the original copy of Purchase Order (P.O.) at D	SWD FO MIMAROPA Region, Procurement	Unit within t	hree (3) days form date
adva	ince co	py was : uture bid	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
ennika)					(VAT
SHA	RON	F. PAS	CASIO			Non-VAT
1		ent Off		(Signature over printed name)	. <	

Supplier

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

REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	, of
	has received the Request for
Quotation RFQ No. 2021-10-0127 from DSWD M	IMAROPA Region intended for
Catering servoices for the Suppliers and Conversional Community Driven Development Programment Budget Batch 1 Municipalities	ontractor's Conference for gram (NCDDP) - Additional
Certified by:	
(Signature Over Printed Name of Supplier) Contact:	
Email Address:	
REO Delivered by	
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.