

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

REQUEST FOR QUOTATION

| | | | 28-Jun-2023 | |
|--|--|--|---|---|
| | | Date: | 28-Jun-2023 | |
| Company Name | Na contraction of the contractio | | | |
| Company Address | * | - | | |
| Contact Person | 2 | = | | |
| Contact No. | 1 | 2 | | |
| Email Address | ** | - | | |
| Company TIN | £ | - | | |
| PhilGEPS Req. No. | ************************************** | = | | |
| FIIIGEPS Reg. No. | ** | - | | |
| Sir/Madam: | | | | |
| expenses for the good | vernment price/s including delivery charge ds listed in Annex A . <u>Failure to indicate</u> of tive brochures, catalogues, literatures and | information could be | basis for non -complia | |
| | anufacturer, distributor, or agent in the Phrized certification to this effect. | ilippines for goods liste | d in Annex A, please at | tach in your |
| in accordance with the Omnibus Sworn State submitted in lieu of the Please accomplish at 1680 F.T. Benitez con | e, latest Income/Business Tax Return are the attached format marked as Annex Bernent (if previously submitted is unnotarized e Mayor's /Business Permit and PHILGEP and submit this form together with Annex Armer Malvar Sts., Malate, Manila or email to sday). Quotations submitted to different elements. | . If awarded , please su ed. The Certificate of 'S Registration Number to DSWD MIMAROPA to: samdomingo@dsv | ubmit immediately the di Platinum Membership r. Region -BAC Secretaria vd.gov.ph not later than | uly notarized maybe at at 2nd Floor a 5:00 PM on |
| | dicate in the subject of your email the title | | | |
| Submission]. | | | | |
| | | | Very truly yours. | |
| | | Ac | HARVY B.CALABIO dministrative Officer V curement Section Head | 2 8 JUN 2003 |
| Terms and Conditio | | 1 | | L D JUN ZUZ |
| Award shall be Price Validity sl | made on per:item basis nall be valid until: One Hundred Twenty | X total quoted price | ☐ lot basis | |
| | pe delivered on: July 25-28, 2023 | (1,20, 04101144, 44,70 | | |
| Place of Delive | The control of the co | | | |
| | ent: within 30 days upon final inspect th LDDAP-ADA (List of Due and Demand | | ole- Advice to Debit Ac | count) |
| Account Name | : | Accou | nt Number : | |
| Bank Name: **Note: Non La | and Bank of the Philippines accounts st | Branch hall be charged a serv | | |
| 6. Liquidated Dan | nages/Penalty: In case of failure to | make full delivery wit | hin the time specified | above, |
| the amount of | the liquidated damages shall be at leas ed portion for every day of delay shall be | t equal to one-tenth one imposed. Once the | f one percent (0.001) o | of the cost of |
| damages reac | hes ten percent (10%) of the amount of | contract, the Procurir | ng Entity may rescind | or terminate |
| | ithout prejudice to other courses of act | | ilable under the circur | nstances. |
| | se indicate brand, model and country of or epancy between unit cost and total cost, u | | | |
| 9. Please indicate | warranty: | Al Dhilli C | | Sustam |
| (Phil | spective supplier must be registered at GEPS). You may visit the PhilGEPS wel | | | urement System |
| 100 | ANN M. DOMINGO | | | |
| Proc | urement Officer | | | |
| Telefax: 5336-810 Contact Number: | | | Signature Over Print (Supplier) | ed Name |
| Contact Number | UB 1U-1 3U-1 34 1 | | (Supplier) | |



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upplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You RFQ No.: KC-2023-06-0196 may visit the PHILGEPS website at www.philgeps.gov.ph to register should be filled up by supponer) Date: Company Name MOP: SHOPPING FOR NON-CONSULTING SERVICES Company Address Contact Person Contact No. Email Address Company TIN PhilGEPS Reg. No. **Bidder's Specifications** (Please fill out the specifications in the space provided) NOTE: Supplier must state here Qty Unit PARTICULARS **Unit Cost Total Cost** No either the statement of compliance either "COMPLY or "NOT COMPLY" "Failure to indicate information could be basis for non-compliance. 1 41 Activity: Municipal Training on Barangay Participatory Development Planning Date: July 25-28, 2023 Venue: Within Cagayancillo, Palawan Meals: AM Snack, Lunch & PM Snack & Dinrer Guaranted Pax: 37 Plated: AM and PM Snacks (with cold beverage) Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks, no repetition of meals) Packed: Dinner (Minimum of 3 viands with soup, desserts/fruits and cold drinks, no repetition of meals) ***Nothing follows*** Page 1 of 1 TOTAL APPROVED BUDGET FOR THE CONTRACT: Note: Please specify brand One Hundred Thirty-One Thousand Two Hundred Pesos only model/origin . (Php131,200.00) Catering Service for the conduct of Municipal Training on Barangay Participatory Development Planning of PURPOSE: Cagayancillo, Palawan KC-2023-06-0196 PR No.: VAT Non-VAT (Signature over Printed name) Supplier

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. F AILURE 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.



REQUEST FOR QUOTATION RECEIVING FORM

| | - | has received the Request for | |
|----------------------------------|----------------------------|---|--|
| Quotation RFQ No. | KC-2023-06-0196 | from DSWD MIMAROPA Region intended for the | |
| Catering Service for Palawan | the conduct of Municipal T | Fraining on Barangay Participatory Development Planning of Cagayancillo | |
| Certified by: | | | |
| (Signature Over Printe | d Name of Supplier) | | |
| Email Address: | | | |
| RFQ Delivered by: | | | |
| (Signature Over Printe Position: | d Name of Canvasser) | 6 | |
| Date / Time of Delivery | <i>!</i> : | | |
| Note: This form shall b | e used and issued in cases | when RFQ is personally delivered to prospective supplier/service | |