

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

REQUEST FOR QUOTATION

| | | F | RFQ No. KC-2023-06-0197 |
|--|--|---|--|
| | | D | Date: 28-Jun-2023 |
| Company Name | P | | |
| Company Address | | | |
| ontact Person | | | |
| ontact No. | | | |
| mail Address | - <u>1</u> | | |
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| ompany TIN | 9 | | |
| hilGEPS Reg. No. | 1) +. | | |
| ir/Madam: | | | |
| xpenses for the goo | ds listed in Annex A. Fail | | applicable taxes, and other incidental ld be basis for non -compliance. Also, pplicable. |
| | nanufacturer, distributor, o arized certification to this e | | Is listed in Annex A, please attach in your |
| PhilGEPS Certificate n accordance with Omnibus Sworn State | e, latest Income/Busines the attached format mar ement (if previously subm | ss Tax Return and a notarized or ked as Annex B. If awarded , ple | s Permit , PCAB License (if applicable), r unnotarized Omnibus Sworn Statement ase submit immediately the duly notarized ate of Platinum Membership maybe umber. |
| 680 F.T. Benitez co uly 5, 2023 (Wedne | rner Malvar Sts., Malate, I esday). Quotations submit | Manila <u>or email to: samdomingo</u> ted to different email address(es) | ROPA Region -BAC Secretariat at 2nd Floor @dswd.gov.ph not later than 5:00 PM on as stated above shall not be considered for ng this format: [RFQ Number], [Deadline of |
| | | | Very kuly yours, |
| | | | HARVY B. MALABIO Administrative Officer V 7 9 .IIIN 21 |
| | | | Administrative Officer V Procurement Section Head |
| erms and Condition | ns: | | |
| | hall be valid until: One Hu | em basis X total quoted undred Twenty (120) Calendar c | |
| Services shall it Place of Delive | ry: within San Andres | | |
| | | on final inspection and accepta | ince |
| Payment through | gh LDDAP-ADA (List of D | Due and Demandable Accounts | Payable- Advice to Debit Account) |
| Bank Name: | <u> </u> | | ccount Number : |
| | | nes accounts shall be charged a | a service fee |
| 6. Liquidated Dan | | | ry within the time specified above, enth of one percent (0.001) of the cost of |
| the unperform | ed portion for every day | of delay shall be imposed. Onc | e the cumulative amount of liquidated |
| | | | ocuring Entity may rescind or terminate as available under the circumstances. |
| 7. For goods plea | se indicate brand, model | and country of origin. | |
| 8. In case of disci | repancy between unit cost | and total cost, unit cost shall prev | vail. |
| 9. Please indicate 10. NOTE: "Pro | spective supplier must I | be registered at the Philippine G e PhilGEPS website at www. ph | Sovernment Electronic Procurement System ilgeps.gov.ph to register " |
| CHEWAIT | Mine from | | |
| | ANN M. DOMINGO | | |
| Telefax: 5336-810 | 6 to 07 loc. 24052 | | Signature Over Printed Name |
| Contact Number | : 0910-750-7941 | | (Supplier) |



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| | | | t www.philgeps.gov.ph to register | RFQ No.: KC-2023-06-019 Date: | | r suppolier) |
|----------|----------|------|---|---|-------------|--------------|
| Compan | y Name | | v | MOP: SHOPPING FOR NO | | |
| - 8 | y Addres | s | <u> </u> | MOF: SHOPPING FOR NO | N-CONSULTIN | G SERVICES |
| Contact | Person | | £ | t i | | |
| Contact | No. | | <u> </u> | | | |
| Email Ad | | | | ÷ | | |
| Compan | | 274 | | ē | | |
| | S Reg. N | 0. | | | | |
| No. | Qty. | Unit | PARTICULARS | Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance." | Unit Cost | Total Cost |
| 1 | 44 | pax | Activity: Municipal Training on Barangay Participatory Development Planning | | | |
| | | | Date: July 25-28, 2023 | | | |
| | | | Venue: San Andres, Rombion | | | |
| | | | Meals: AM Snack, Lunch & PM Snack & Qinner | | | |
| | | | Guaranted Pax: 40 | | | |
| | | | 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*** | | | |
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| | | | TOTAL APPROVED BUDGET FOR THE CONTRACT: One Hundred Forty Thousand Eight Hundred Pesos only (Php140,800.00) | Note: Please specify brand model/origin . | | |
| PURPO | OSE: | | ng Service for the conduct of Municipal Training on Barangay Particips, Rombion | patory Development Planning o | f San | |
| PR No. | .: | | 23-06-0197 | | | VAT |
| | | | | (Signature over Printed name) Supplier | | Non-VAT |

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

| I Hereby certify that I | | , of |
|-----------------------------------|----------------------------|---|
| | | has received the Request for |
| Quotation RFQ No. | KC-2023-06-0197 | from DSWD MIMAROPA Region intended for the |
| Catering Service for t Romblon | the conduct of Municipal 1 | Training on Barangay Participatory Development Planning of San Andres |
| Certified by: | | |
| (Signature Over Printed | d Name of Supplier) | |
| Email Address: | 2 11 15 17 1 15 15 | |
| RFQ Delivered by: | | |
| (Signature Over Printer | d Name of Canvasser) | |
| Date / Time of Delivery | | |
| Note: This form shall b | e used and issued in cases | when RFQ is personally delivered to prospective supplier/service |