

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

## REQUEST FOR QUOTATION

	RFQ No. KC-2023-06-0215 Date: 28-Jun-2023	
Company Name	8	
Company Address	15	
Contact Person	\$\frac{1}{2}	
Contact No.		
Email Address	1	
Company TIN	<u>*</u>	
PhilGEPS Reg. No.		
Sir/Madam:	<del></del>	
expenses for the good	ernment price/s including delivery charges, VAT or other applicable taxes, and other incidental s listed in Annex A. Failure to indicate information could be basis for non -compliance. Also, tive brochures, catalogues, literatures and/or samples, if applicable.	
	anufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your ized certification to this effect.	
PhilGEPS Certificate in accordance with t Omnibus Sworn State	tach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement ne attached format marked as Annex B. If awarded, please submit immediately the duly notarized ment (if previously submitted is unnotarized. The Certificate of Platinum Membership maybe a Mayor's /Business Permit and PHILGEPS Registration Number.	
1680 F.T. Benitez cor July 5, 2023 (Wedne	d submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor ner Malvar Sts., Malate, Manila or email to: samdomingo@dswd.gov.ph not later than 5:00 PM on sday). Quotations submitted to different email address(es) as stated above shall not be considered for icate in the subject of your email the title of the Project using this format: [RFQ Number], [Deadline of	
	Very truly yours,	
	HARVY B CALABIO Administrative Officer V Procurement Section Head	
Terms and Conditio		
Award shall be     Price Validity sh     Services shall be	nade on per:item basisX total quoted pricelot basis all be valid until: One Hundred Twenty (120) Calendar days	
4. Place of Deliver	within Concepcion, Romblon	
Payment through	within 30 days upon final inspection and acceptance h LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)	
Account Name Bank Name:	Account Number : Branch:	
**Note: Non La	nd 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 specified 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 unperform	ed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated les ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate	
	thout prejudice to other courses of action and remedies available under the circumstances.	
8. In case of discr	e indicate brand, model and country of origin.  pancy between unit cost and total cost, unit cost shall prevail.	
Please indicate     NOTE: "Pros	warranty: pective supplier must be registered at the Philippine Government Electronic Procurement System	
	EPS). You may visit the PhilGEPS website at www. philgeps.gov.ph to register "	
SHEIWE	NN M. DOMINGO	
Procu Telefax: 5336-810	to 07 loc. 24052 Signature Over Printed Name	
Contact Number:	- THE THE PERSON OF THE PERSON	



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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.: KC-2023-06-0215 Date: ( should be filled up by suppplier) 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 Qtv 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. Activity: Municipal Training on Barangay Participatory Development 1 32 pax Planning Date: July 25-28, 2023 Venue: within Concepcion, Romblon Meals: AM Snack, Lunch & PM Snack & Dine Guaranted Pax: 29 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 Two Thousand Four HundredPesos only model/origin . (Php102,400.00) Catering Service for the conduct of Municipal Training on Barangay Participatory Development Planning of PURPOSE: Concepcion, Romblon KC-2023-06-0215 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

I Hereby certify that I	-	, of
		has received the Request for
Quotation RFQ No.	KC-2023-06-0215	from DSWD MIMAROPA Region intended for the
Catering Service for the Rombion	the conduct of Municipal 1	Fraining on Barangay Participatory Development Planning of Concepcion
Certified by:		
(Signature Over Printed	d Name of Supplier)	
Email Address	\$2000000000000000000000000000000000000	
RFQ Delivered by:		
(Signature Over Printer Position:	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