

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

REQUEST FOR QUOTATION

			RFC	No. KC-2023-06-0218	
			Date	e: 28-Jun-2023	
5					
Company Name	<u> </u>				
Company Address	<u>*</u>		_		
Contact Person	¥				
Contact No.	1		==:		
Email Address					
Company TIN	8		—:		
	*				
PhilGEPS Reg. No.			_		
Sir/Madam:					
expenses for the good	ds listed in Annex		e information could	plicable taxes, and other inci be basis for non -compliand licable.	
If you are exclusive m quotation a duly nota		The state of the s	Philippines for goods I	isted in Annex A, please attac	ch in your
PhilGEPS Certificate n accordance with to Omnibus Sworn State	e, latest Income/ the attached forr ement (if previous	Business Tax Return a mat marked as Annex	and a notarized or u B. If awarded , pleaso ized. The Certificate	Permit , PCAB License (if ap innotarized Omnibus Sworn e submit immediately the duly of Platinum Membership m iber.	Statement notarized
	tion. Please indic			Idress(es) as stated above she Project using this format: If Very truly yours, HARVY B. CALABIO Administrative Officer V	
			Ī	Procyrement Section Head	Z O DON ZU
Terms and Conditio					
TO A THE SECTION SECTI	nall be valid until:	item basis One Hundred Twenty August 7-11, 2023	X total quoted pri		
Place of Deliver		ity, Oriental Mindoro			
5. Terms of Paym	ent: within 30 c	days upon final inspec	ction and acceptant	ce	
				yable- Advice to Debit Acco	
Account Name Bank Name:	ii			count Number : nch:	
	and Bank of the	Philippines accounts :			
Liquidated Dam	nages/Penalty:	In case of failure to	o make full delivery	within the time specified at	
the amount of	the liquidated d			th of one percent (0.001) of	
				the cumulative amount of li uring Entity may rescind or	
the contract w	ithout prejudice	to other courses of a	ction and remedies	available under the circums	tances.
7. For goods pleas	se indicate brand	, model and country of	origin.		
		unit cost and total cost,	unit cost shall prevai	<u>L</u>	
	spective supplie			vernment Electronic Procur geps.gov.ph to register "	ement System
/ -	dungen		renversalism at Na	8 97 170 14 170	
	ANN M. DOMING	GO			
	urement Officer				
Telefax: 5336-810		2		Signature Over Printed	Name
Contact Number:	0910-750-7941			(Supplier)	

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

ontact P ontact N mail Add ompany	Address erson lo.		1 \$\frac{2}{3}\$	MOP: SHOPPING FOR NO	N-CONSULTING	SERVICES
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	56	pax	Board and Lodging with meals for 5 days and 4 nights			
			Meals : Breakfast, AM Snack, Lunch, PM Snack and Dinner			
1			Plated: AM and PM Snacks (with cold beverage) Buffet: Breakfast, Lunch and Dinner (Minimum of 3 viands with soup,			
			dessert/fruits and cold drinks, no repetition of meals)			
11			Title of the Activity: Municipal Training on Participatory of Barangay			
++			Development Planning Preferred Venue: Calapan City, Oriental Mindoro			
++	+-1		Date of Activity: August 7-11, 2023			111111111111111111111111111111111111111
			Guaranteed Pax: 50 pax per conduct ou octivity			
\Box			Check in Date and Time: August 7, 2023 ; 1:00 PM			
			Check Out Date and Time: Augut 11, 2023 : 12:00 NN			
			Airconditioned Room double or triple Sharing with Individual bed per pax and free toiletries		1	
			Meal Schedule:			
			August 7, 2023 : Lunch, PM Snacks and Dinner			
			August 8, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			August 9, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			August 10, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			August 11, 2023 : Breakfast and AM Snacks			
Ш			Type of Food Serving:			
			Menu Selection. Hotel to submit menu with minimum of at least 3 viands,			
+			soup, dessert/friuts and cold drinks. Should include vegetables per meal. No repeating meal per menu and with flexibility to participants with food			
+	-		restrictions. Inclusion:			
+	-		One (1) night complimentary superior room to be used by the organizers			
+	_	-	Free use of Airconditioned Conference Room, Can accommodate more			
Ш			than 56 pax and free from noise which is detrimental to the event.			
			 Airconditioned Conference Room can be use starting 9:00am of Day 1 for arriving participants. 			
\Box			No obstructing pillars in the conference room.			
			5. Availability of electric outlets and free use of extension cords.			
			With audio system and at least 5 microphones.			
1			7. Free use of projector and whiteboards.			
+			Free use of reliable and uninterruptible wifi connection. Free use of parking space.			
+			10. Free flowing coffee and drinking water.			
			11. Free use of parking space.			
			12. Facilities must be PWD and Senior Citizen Friendly			
			 Must be structurally sound, have fire escapes and firefighting equipments and CCTV 			
	-		14. Free Tarpaulins/Backdrops (1-inside & 1-outside of conference hall)			
			15. Free use of facilities and amenities (if applicable)			
			NOTE: Hotel/Restaurants/Resorts should not be offering short term lodging associated with motel and should not be situated beside or across gambling establishment shops, night clubs, funeral parlors, mortuaries and other similar alike.			
			Nothing follows Page 1 of 1			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Five Hundred Thirty-Seven Six Hundred Pesos only (Php537,600.00)	Note: Please specify brand model/origin .		
PURPOS PR No.:	E:		Five Hundred Thirty-Seven Six Hundred Pesos only (Php537,600.00) and Lodging with meals for the Municipal Training on Participatory Barangay Developments 3-06-0218			VAT Non-VAT



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	-	. 0
		has received the Request for
Quotation RFQ No.	KC-2023-06-0218	from DSWD MIMAROPA Region intended for the
Board and Lodging w Oriental Mindoro	vith meals for the Municipa	al Training on Participatory Barangay Development Planning of Man
Certified by:		
(Signature Over Printed	d Name of Supplier)	
Email Address:	State of the state	
RFQ Delivered by:		
(Signature Over Printed Position:	d Name of Canvasser)	
Date / Time of Delivery	-	
00 00 00 00 00 00 00 00 00 00 00 00 00		
Note: This form shall be provider.	e used and issued in cases v	when RFQ is personally delivered to prospective supplier/service