

## 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-2023-07-0258  Date: 27-Jul-2023
		Date. 21-041-2020
Company Name	3	
Company Address	(*)	
Contact Person	K	
Contact No.	<u> </u>	
Email Address		
Company TIN	P	
	N	
PhilGEPS Reg. No.	15	
Sir/Madam:		
expenses for the good	Is listed in Annex A. Failure	elivery charges, VAT or other applicable taxes, and other incidental e to indicate information could be basis for non -compliance. Also, literatures and/or samples, if applicable.
and the second of the second o	anufacturer, distributor, or aq rized certification to this effec	gent in the Philippines for goods listed in Annex A, please attach in your act.
PhilGEPS Certificate accordance with the Omnibus Sworn State	, latest Income/Business T attached format marked a ment (if previously submitted	ny's Business Permit, Mayor's Permit, PCAB License (if applicable), Tax Return and a notarized or unnotarized Omnibus Sworn Statement in as Annex B. If awarded, please submit immediately the duly notarized d is unnotarized. The Certificate of Platinum Membership maybe and PHILGEPS Registration Number.
1680 F.T. Benitez con August 2, 2023 (Wed	ner Malvar Sts., Malate, Mar Inesday). Quotations submit	with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor nila or email to: samdomingo@dswd.gov.ph not later than 5:00 PM on itted to different email address(es) as stated above shall not be considered for 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 Condition	ns:	
Award shall be r     Price Validity sh     Services shall be	all be valid until: One Hund	basis X total quoted price lot basis  dred Twenty (120) Calendar days
Place of Deliver		
		final inspection and acceptance
Payment throug Account Name		e and Demandable Accounts Payable- Advice to Debit Account) Account Number :
Bank Name:	*	Branch:
		s accounts shall be charged a service fee
Liquidated Dam     the amount of		e of failure to make full delivery within the time specified above, hall be at least equal to one-tenth of one percent (0.001) of the cost of
the unperforme	ed portion for every day of	f delay shall be imposed. Once the cumulative amount of liquidated ne amount of contract, the Procuring Entity may rescind or terminate
the contract wi	ithout prejudice to other co	courses of action and remedies available under the circumstances.
<ol><li>For goods pleas</li></ol>	se indicate brand, model and	
9. Please indicate	warranty:	
10. NOTE: "Pros	spective supplier must be i	registered at the Philippine Government Electronic Procurement System PhilGEPS website at www. philgeps.gov.ph to register "
	ANN MEDOMINGO	
<u>Proet</u> Telefax: 5336-810	rement Officer	Signature Over Printed Name
Contact Number:		Signature Over Printed Name (Supplier)

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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement
System (PHILGEPS). You may visit the PHILGEPS

RFQ No.: KC-2023-07-0258

Date: ( should	be filled	up by	suppplier)
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		Date: ( should be
Company Name	35-	MOP: NP - SVP
Company Address	\$	
Contact Person	\$	
Contact No.	\$	
Email Address	F	
Company TIN		
PhilGEPS Reg. No.	2	

No. Qty. Unit		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	40	pax	Activity: Project Development Workshop (PDW)			
		- (8	Date: To be Scheduled			
			Venue: within Sta. Cruz, Occidental Mindoro			
			Guaranteed Pax: 36 pax			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet ( 3 Main dish with soup, dessert and beverages)			
			Note: No repeating meal per menu and with flexibility to participants with food restrictions.			
2			Activity: Community Volunteers' Training (CVT) Procurement & Infra,			
•			safety and Finance			
	99	pax	Date: 15 August 2023			
	99	pax	Date: 16 August 2023			
			Venue: within Sta. Cruz, Occidental Mindoro			
			Guaranteed Pax: 89 pax per conduct of activity			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet ( 3 Main dish with soup, dessert and beverages)	Much the Miller Committee		
			Note: No repeating meal per menu and with flexibility to participants with food restrictions.			
3	62	pax	Activity: Operations & Maintenance Training			
			Date: August 25, 2023			
			Venue: within Sta. Cruz, Occidental Mindoro	THE STREET		
			Guaranteed Pax: 56 pax	HE STATE OF THE ST		
			Type of Serving:	Indian Co. Supplement		
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)	( N ) NN (N)		
			Lunch: Buffet ( 3 Main dish with soup, dessert and beverages)	HITCH STATES		
			<b>Note:</b> No repeating meal per menu and with flexibility to participants with food restrictions.			
4	30	pax	Activity: Project Sustainability Planning Workshop			
			Date: 15 December 2023			
			Venue: within Sta. Cruz, Occidental Mindoro			
			Guaranteed Pax: 27 pax			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet ( 3 Main dish with soup, dessert and beverages)			
			Note: No repeating meal per menu and with flexibility to participants with food restrictions.			
			***Nothing follows*** Page 1 of 1			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: One Hundred Sixty-Five Thousand Pesos only (Php165,000.00)	Note: Please specify brand model/origin .		

PURPOSE:	
	th meals for the Municipality of Sta. Cruz, Occidental Mindoro for PMNP Implementation

KC-2023-07-0258 PR No.:

> VAT Non-VAT (Signature over Printed name) Supplier



provider.

## REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	*		, 0
		has received the	Request for
Quotation RFQ No.	KC-2023-07-0258	from DSWD MIMAROPA Region intended for	the
CEAC Activities with	meals for the Municipality	of Sta. Cruz, Occidental Mindoro for PMNP Imple	mentation
Certified by:			
(Signature Over Printed	d Name of Supplier)		
Email Address:	A.		
RFQ Delivered by:			
(Signature Over Printer Position:	d Name of Canvasser)		

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service