

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-2023-06-0177
			Date		June 27, 2023
Company Name	north and				
Company Address	3		_		
Contact Person					
Contact No.					
Email Address			- B#		
Company TIN	THE PERSON NAMED IN				
PhilGEPS Reg. No.	1		-		
Sir/Madam:					
Please quote your gover the goods listed in Anne prochures, catalogues, li	x A. Failure to in	dicate information co	VAT or other applic uld be basis for non	able i-cor	taxes, and other incidental expenses for mpliance. Also, furnish us with descriptive
f you are exclusive man a duly notarized certifica		or, or agent in the Philip	opines for goods liste	d in	Annex A, please attach in your quotation
PhilGEPS Certificate, la accordance with the at	atest Income/Bus tached format ma riously submitted in	iness Tax Return and arked as Annex B. If a s unnotarized. The Cei	a notarized or unno warded , please subn	otari: nit in	PCAB License (if applicable), zed Omnibus Sworn Statement in nmediately the duly notarized Omnibus nbership maybe submitted in lieu of the
T. Benitez corner Malv JULY 4, 2023 (Tuesday	ar Sts., Malate, Ma . Quotations subr	anila or email to: kcmi mitted to different email	maropa-procureme address(es) as state	nt@	ion -BAC Secretariat at 2nd Floor 1680 dswd.gov.ph not later than 5:00 PM on ove shall not be considered for nat: [RFQ Number], [Deadline of
io pre				Adm	RVY B GALABIO inistrative Officer V rement Section Head
Terms and Conditions:					
		item basis One Hundred Twent JULY 25-28, 2023	X total quoted pr ty (120) Calendar da		☐lot basis
4. Place of Deliv		CUERA, ROMBLON			
5. Terms of Pay Payment thro Account Nar Bank Name:	ugh LDDAP-ADA ne:	n 30 days upon final in (List of Due and Dem	andable Accounts F	aya	ce ble- Advice to Debit Account) Number :
**Note: Non	Land Bank of the	Philippines accounts			vice fee
6. Liquidated Di the amount the unperfor damages re-	amages/Penalty: of the liquidated of med portion for eaches ten percen	In case of failu damages shall be at le every day of delay sha t (10%) of the amount	re to make full deliverant equal to one-ter ll be imposed. Once of contract, the Pro	ery oth c the	within the time specified above, of one percent (0.001) of the cost of cumulative amount of liquidated ng Entity may rescind or terminate allable under the circumstances.
7. For goods ple 8. In case of dis	ease indicate bran crepancy betweer	d, model and country of unit cost and total cos	f origin.	100	ON THE PROPERTY OF THE PROPERT
9. Please indica 10. NOTE: "Pro	spective supplie	r must be registered a visit the PhilGEPS we	t the Philippine Gov	erni	ment Electronic Procurement System
(Pill	OLF 57. Tou may	VISIL LINE FAIRGEPS WE	susite at www. philg	eps	gov.pn to register

Ma Kahlie Kristal M. Ferranco
Telefax: 5336-8106 to 07/oc. 24052
Contact Number: 09456535745/09152653142

Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A) DSWD REGION Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at		ier must be registered at the Electronic Procurement System	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila RFQ No. KC-2023-06-0177								
			register		Date: (should be filled up by suppplier)						
Company Name			74								
99	ny Addr			MOP: SHOPPING FOR NON-CONSULTING SERVICES							
	Person	k:									
Contact Email A											
Compai	and the second second second										
PHIIGER	S Reg.	No.									
No.	Qty.	Unit	PA	RTICULARS	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 50		PAX	CATERING SERVICES FOR 2 MEALS AND 2 SNACKS FOR MUNICIPAL TRAINING ON BARANGAY PARTICIPATORY DEVELOPMENT PLANNING		non-compliance.						
			Date: JULY 25-28, 2023								
			Venue: CORCUERA, ROME	BLON							
			Meals: AM Snack, Lunch, P	M Snack, & Dinner							
		Guaranted Pax: 40									
			Plated: AM and PM Snacks	(with cold beverage)							
			Buffet: Lunch (Minimum of 3 and cold drinks, no repetition	viands with soup, desserts/fruits of meals)	Land of						
			Packed: Dinner (Minimum or and cold drinks, no repetition	f 3 viands with soup, desserts/fruits of meals)	IN THE RESERVE OF THE PERSON O		JEN				
			··· NOTH	IING FOLLOWS ***							
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	4	-									
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		One Hundred Sixty Th		dget for the Contract							
				160,000.00	Note: Please specify brand model/origin .						
		DEVELOPMENT PLANNING ON CORCUER			AL TRAINING ON BARANGAY PARTICIPATO	DRY					
				(Signature over Printed name) Supplier	- 8	VAT Non-VAT					
IMPOR advance	TANT: 1	The winn was serv	ing bidder MUST SIGN the original	copy of Purchase Order (P.O.) at DSWD FC o and sign the original P.O. means the bide	(Signature over Printed name) Supplier MIMAROPA Region, Procurement Section for is not interested and will be ground for s	within three (3) da	Non-V				



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I		, of
		has received the Request for
Quotation RFQ No.	KC-2023-06-0177	from DSWD MIMAROPA Region intended for the
		ES FOR THE CONDUCT OF MUNICIPAL TRAINING ON NNING ON CORCUERA, ROMBLON
Certified by:		
(Signature Over Printed N Contact: Email Address:	ame of Supplier)	
RFQ Delivered by:		
(Signature Over Printed N Position: Date / Time of Delivery:	ame of Canvasser)	
Note: This form shall be upprovider.	sed and issued in cases whe	n RFQ is personally delivered to prospective supplier/service