

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-2023-07-0248
		Date:	July 26, 2023
Company Name	3		
Company Address		-	
Contact Person			
Contact No.		- " "	
mail Address			
Company TIN		_	
PhilGEPS Reg. No.			
Sir/Madam:	entra en	_	
Please quote your govern he goods listed in Anne s			taxes, and other incidental expenses for npliance. Also, furnish us with descriptive
rochures, catalogues, in	eratures and/or samples, if applicable.		
f you are exclusive manu a duly notarized certificat	ufacturer, distributor, or agent in the Philip ion to this effect.	opines for goods listed in	Annex A, please attach in your quotation
PhilGEPS Certificate, la accordance with the att Sworn Statement (if prev	h copies of your Company's Business F test Income/Business Tax Return and tached format marked as Annex B. If a liously submitted is unnotarized. The Cer t and PHILGEPS Registration Number.	a notarized or unnotari: warded , please submit in	zed Omnibus Sworn Statement in nmediately the duly notarized Omnibus
	Quotations submitted to different email a bject of your email the title of the Project	using this format: [RFQ HA	ve shall not be considered for evaluation. Number], [Deadline of Submission]. Very truly yours, RVYB. CALABIO ninistrative Officer V rement Section Head
		11000	Total Coolin Toda
		X total quoted price ty (120) Calendar days	☐ lot basis
4. Place of Deliv 5. Terms of Pay Payment thro Account Nar Bank Name:	ment: within 30 days upon final in ugh LDDAP-ADA (List of Due and Dem ne:	andable Accounts Paya	ble- Advice to Debit Account) Number :
**Note: Non 6. Liquidated Da the amount (the unperfor damages rea the contract	Land Bank of the Philippines accounts	s shall be charged a ser- ire to make full delivery past equal to one-tenth (ill be imposed. Once the of contract, the Procuri action and remedies ava	within the time specified above, of one percent (0.001) of the cost of e cumulative amount of liquidated ng Entity may rescind or terminate
 In case of dis Please indica NOTE: "Pro 	crepancy between unit cost and total cos	t, unit cost shall prevail.	
Telefax: 5336-8106	el Krista M. Ferranco 6 to 07 lod, 24052 09456535745/09152653142		Signature Over Printed Name (Supplier)

Company Name Company Address Contact Person Contact No. Email Address

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

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-2023-07-0248

Date:	(should be filled up by suppplier
MOD. CHODDING	FOR NON-CONSULTING SERVICES

Company TIN PhilGEPS Reg. No. Item Bidder's Specifications 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 informatio could be basis for non-compliance." Oty Unit PARTICULARS Unit Cost Total Cost Catering Service for 1 meal and 2 snacks for Project Development Workshop 25 PAX (PWD) Date: to be scheduled Venue: Within Ferrol, Rombion Meals: AM Snack, Lunch, PM Snack, with Beverage Guaranteed Pax: 22 Plated: AM and PM Snack with cold beverages Lunch: Buffet (3 Main dish with soup, dessert and beverages) Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks. No repetition of meals. Different Set of Dishes per day) Catering Service for 1 meal and 2 snacks for Community Volunteers' Training 2 48 PAX (CVT) Procurement & Infra, safety and Finance Date 16 August 2023 Date: 17 August 2023 Venue: Within Ferrol, Romblon Meals: AM Snack, Lunch, PM Snack, with Beverage Guaranteed Pax: 43 Plated: AM and PM Snack with cold beverages Lunch: Buffet (3 Main dish with soup, dessert and beverages) Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks, No repetition of meals. Different Set of Dishes per day) 3 Catering Service for 1 meal and 2 snacks for Operations & Maintenance Training PAX Date: 22 August 2023 Venue: Within Ferrol, Romblon Meals: AM Snack, Lunch, PM Snack, with Beverage Guaranteed Pax: 35 Plated: AM and PM Snack with cold beverages Lunch: Buffet (3 Main dish with soup, dessert and beverages) Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks. No repetition of meals. Different Set of Dishes per day) 4 20 Catering Service for 1 meal and 2 snacks for Sustainability Planning Workshop Date: 13 December 2023 Venue: Within Ferrol, Rombion Meals: AM Snack, Lunch, PM Snack, with Beverage Guaranteed Pax: 18 Plated: AM and PM Snack with cold beverages Lunch: Buffet (3 Main dish with soup, dessert and beverages) Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks. No repetition of meals. Different Set of Dishes per day) ***Nothing Follows*** Approved Budget for the Contract Ninety Thousand Pesos only Php 90,000.00 Note: Please specify brand model/origin

PURPOSE:

PURCHASE REQUEST FOR CATERING SERVICES FOR THE CONDUCT OF CEAC ACTIVITIES WITH MEALS FOR THE MUNICIPALITY OF

FERROL, ROMBLON

PR No.:

KC-2023-07-0248

-	(Signature	over	Printed	name
	2404000000	Sugar	lier	

VAT 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. FAILURE 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.



provider.

REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	HOLL PROCESS			, of
		ha	s received the Request f	or
Quotation RFQ No.	KC-2023-07-0248	from DSWD MIMAROPA	Region intended for the	
PURCHASE REQUEST FO FOR THE MUNICIPALITY O		S FOR THE CONDUCT OF	CEAC ACTIVITIES WIT	H MEALS
Certified by:				
(Signature Over Printed Nam Contact: Email Address:	ne of Supplier)			
RFQ Delivered by:				
(Signature Over Printed Nam Position: Date / Time of Delivery:	ne of Canvasser)			
Note: This form shall be use	ed and issued in cases who	en RFQ is personally delivered	to prospective supplier/s	service