

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

REQUEST FOR QUOTATION

				RFQ No.	2023-09-1208 September 19, 2	NP-SVP
			•	Date	Coptombot 10,	
Company Name						
Company Address						
Contact Person :						
Contact No. :						
Emai #						
Company TIN		7				
PhilGEPS Reg. No.			 :			
Sir/Madam:						
Please quote your govern goods listed in Annex A brochures, catalogues, lite	Failure to indicate	information could b				
If you are exclusive manu- duly notarized certification		agent in the Philippin	es for goods listed	in Anne	x A, please attach	n in your quotation a
Additionally, please attach Certificate, latest Income attached format marked previously submitted is un and PHILGEPS Registration	Business Tax Return as Annex B. If awa notarized. The Certific	and a notarized or u	unnotarized Omnib t immediately the	duly not	rn Statement in a arized Omnibus	accordance with the Sworn Statement (if
Please accomplish and so Benitez corner Malvar St. (Friday). Quotations subn the subject of your email t	s., Malate, Manila <u>or e</u> nitted to different email	mail to: ccrvictorio(address(es) as state	@dswd.gov.ph not dabove shall not b	later that e consider ne of Su	an 5:00 PM on lered for evaluation bmission. Very truly yours, ARVY & CALABI ministrative Officer	September 22, 2023 on. Please indicate in
Terms and Conditions:				Proci	urement Section H	ieao
1. Award shall be mad			X total quoted	f price	lot basis	
Price Validity shall b	And the section of th	ired Twenty (120) C	alendar days			
 Services shall be de Place of Delivery: 	livered on: October 3 DSWD MIMAROPA F	50,600-240,600	St. cor Malvar St	Malato	Manila	
	within 30 days upon			maiate,	Widilita	
Payment through LI Account Name:	DAP-ADA (List of Due	and Demandable A			o Debit Account	
Bank Name:			Branch:			
	Bank of the Philippines				anacified above	
Liquidated Damage: the amount of the	iquidated damages sh	of failure to make fu				
the unperformed p	ortion for every day of	delay shall be impo	sed. Once the cum	nulative	amount of liquid	ated
	en percent (10%) of th			The second second		
	at prejudice to other co dicate brand, model and		remedies availabl	e unaer	the circumstance	es.
In case of discrepar	cy between unit cost ar		shall prevail.			
9. Please indicate war	anty:					
	tive supplier must be S). You may visit the F					nt System
CATHERINE CAT	Y R VICTORIO					
The second secon	ent Officer					
Telefax: 5336-8106 to	07 loc. 24052				Signature Over	Printed Name
Contact Number: 099	84746898				(Suppl	ier)



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				Philippine Government Electronic PHILGEPS website at www.philgeps.gov.ph to	RFQ No. 2023-0	09-1208	
_					Date:		(should be filled up by suppplier)
Compa	ny Nam	ie	<u> </u>		MOP: NP-SVP		0. (333
Compa	ny Add	ress	ž				
Contac	t Perso	n					
Contac	t No.		:				
Email A	Address						
Compa	nv TIN						
PhilGE	and an	No	-				
FIIIGE	ra neg	. 140.	<u> </u>				
Item	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" "NOT COMPLY". "Failure to	Unit Cost	Total Cost
					indicate information could be	<u> </u>	
1	40	pax	Catering Service for				
36 guaranteed pax		ed pax		RIME-HRM for Middle Managers and Management			
				OPA FO 1680 F.T. Benitez St. cor Malvar			
Fruit juice Lunch: Rice and beef vegetables , S PM snack Sandwich and the sched (Serve high fiber pork and beef, C Food shall be fres End-user shall in exact dates prior		+		3			
		-	Date: October 30, 202	9		+	
			Menu:				
			AM snack				
		Pasta and bacon / Pa	asta and chicken / Pasta and pizza				
			Fruit juice				
			DOMESTIC STATE OF THE PROPERTY				
			Rice and beef with vegetables , Soup,	vegetables / Rice and chicken with Fruits, Drinks			
		PM snack					
			Sandwich and fruit ju	ice			
			COLORODO CONTRACTOR CO	and an area (1) week			
		before the scheduled (Serve high fiber vegg	nenu proposedof the day one (1) week activity lies, less salty and less sweet, fish, less n, healthy foods and fruits for dessert)				
				ooked and prepared on the day of the activity			
				the Service Provider one to two weeks the e conduct of the activities			
				nething follows			
				ED BUDGET FOR THE CONTRACT:	Note: Please specify		
	-	-	Twen	nty Thousand Pesos Only (Php 20,000.00)	brand model/origin .		
-	-	+		(F11p 20,000.00)			
PURPO PR No.			ation on PRIME-HRM 09-1208 NP-SVP	for Middle Managers and Management	(Signature over Printed name		VAT Non-VAT
					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. 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.