

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

| | | RF0 Dat | 2 No. 2023-09-1166 NP-SVP |
|---|---|---|--|
| | | Dat | e. September 10, 2023 |
| Company Name | 5 | | |
| Company Address | | | |
| Contact Person | 2 | | |
| Contact No. | * | | |
| Email Address | \$ | | |
| Company TIN | 2 | | |
| TORONO TORONO | *** ********************************** | | |
| PhilGEPS Reg. No. | | | |
| Sir/Madam: | | | |
| goods listed in Anne | | n could be basis for non -cor | axes, and other incidental expenses for the mpliance. Also, furnish us with descriptive |
| If you are exclusive in duly notarized certification | [2014] - 마시스 (2014) [2014] - 마시스(1014) - 마시스(1014) - 마시스(1014) - 마시스(1014) - 마시스(1014) | e Philippines for goods listed in | Annex A, please attach in your quotation a |
| Certificate, latest Inc attached format ma | ome/Business Tax Return and a not rked as Annex B. If awarded , ple s unnotarized. The Certificate of Pla | arized or unnotarized Omnibus ase submit immediately the dul | PCAB License (if applicable), PhilGEPS Sworn Statement in accordance with the y notarized Omnibus Sworn Statement (if itted in lieu of the Mayor's /Business Permit |
| Benitez gorner Malva 2023(triday 1). Que | or Sts., Malate, Manila or email to | agsampan@dswd.gov.ph not ddress(es) as stated above sha | on -BAC Secretariat at 2nd Floor 1680 F T. later than 5:00 PM on September 2.2 Ill not be considered for evaluation. Please [Deadline of Submission]. Very truly yours, |
| | | | Administrative Officer V Procurement Section Head |
| Terms and Condition | | | _ / |
| Award shall be in 2. Price Validity shall | nade on per: Litem basis all be valid until: One Hundred Twen | X total quoted pr ty (120) Calendar days | ice Ilot basis |
| Services shall b | e delivered on: September 25 - Octo | ober 13, 2023 | |
| Place of Deliver | within VICINITY OF PUERTO within 30 days upon final inspe | | |
| | h LDDAP-ADA (List of Due and Dem | | vice to Debit Account) |
| Account Name | | Account Num | nber: |
| Bank Name: **Note: Non La | nd Bank of the Philippines accounts | Branch: shall be charged a service fee | |
| Liquidated Dam | ages/Penalty: In case of failure | to make full delivery within the | time specified above, |
| the amount of | the liquidated damages shall be at le ed portion for every day of delay sha | east equal to one-tenth of one p | ercent (0.001) of the cost of |
| | nes ten percent (10%) of the amount | | |
| the contract w | thout prejudice to other courses of | action and remedies available u | |
| | se indicate brand, model and country of eparcy between unit cost and total cost | | |
| 9. Please indicate | warranty: | | |
| (PHA | pective supplier must be registered SEPS). You may visit the PhilGEPS v | | |
| | G. SAMPAN | | |
| Telefax: 5336-810 | rement Officer 5 to 07 loc. 24052 | | Signature Over Printed Name |
| Contact Number: | | | (Supplier) |



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| | | | | s.gov.ph to register | Date: | | (should be filled up |
|----------------|---------|-------|--|--|--|-----------|-----------------------|
| Compa | ny Nam | е : | 4 | | MOP: NP-SVP | | by suppplier) |
| - 64 | ny Addr | | * | | mor. nr-svr | | |
| Ce Le l | Person | | \$************************************* | | | | |
| Contact | | | 4 | | | | |
| mail A | ddress | | ************************************** | | | | |
| Compa | ny TIN | | | | | | |
| PhilGE | PS Reg. | No. | 2 | | | | |
| 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 | Unit Cost | Total Cost |
| | | | CATERING SERVICES | | | | |
| | | | Meals for Capability Building Activities to participants of Zero Hunger Program in the Province of Palawan (Face to Face) | | | | |
| | | | Vanue Within Visinity of Bursts Bringer City Belgues | | | | |
| | | | /enue: Within Vicinity of Puerto Princesa City Palawan | | | | |
| | | | Date of Activity: September 25 - | ate of Activity: September 25 - October 13, 2023 | | | |
| | | | Meals Schedule: (AM Snacks, Lu | eals Schedule: (AM Snacks, Lunch and PM Snacks) | | | |
| | i e | | Schedule | No of Pax/Guaranteed Pax/ Place of Delivery | | | |
| 1 | 180 | PAX | September 25-30, 2023 (6days) | 30 Pax Per Day / (20 pax) Guaranteed Pax / Brgy Macarascas | | | |
| 2 | 130 | PAX | October 2-6, 2023 (5 days) | 26 Pax Per Day / (15 pax) Guaranteed Pax / Brgy Tagburos | | | |
| 3 | 51 | PAX | October 2-4, 2023 (3 days) | 17 Pax Per Day / (10 pax) Guaranteed Pax / Brgy Bahile | | | |
| 4 | 150 | PAX | October 9-13, 2023 (5 days) | 30 Pax Per Day / (20 pax) Guaranteed Pax Brgy Kamuning | | | |
| | | | Type of Serving: | | | | |
| | | | Managed Buffet/Packed Lunch Lunch (12:00nn) | | | | |
| | | | Plated/Packed Snack: AM Snack (9:00am) PM Snack (3:00pm) | | | | |
| | | | Menu Selection: | | | | |
| | | | Hotel to submit menu (Minimum of atleast 2 Viands, Soups, Dessert and Beverages) | | | | |
| | | | Hotel to submit proposed menu 1 week before the training schedule | | | | |
| | | | No repeating menu | | | | |
| | | | ***nothing follows*** | | | | |
| | | | TOTAL APPROVED BUDGET FOR THE CONTRACT: | | | | |
| | | | Two Hundred Sixteen Thousand Five Hundred Pesos Only (Php 216,500.00) | | Note: Please specify brand model/origin . | | |
| | | | | | | 1 | |
| PURPO PR No | | Palaw | ng Services for Capacity Building an (Face to Face) September 25 - 09-1166 NP-SVP | g Activities to participants of Zero Hunge October 13, 2023 | er Program in the Province | of | 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. F AILURE 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.