

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-2023-10-302 Date: November 7, 2023
		Date. November 7, 2020
Company Name	<u> </u>	
Company Address	¥	
Contact Person		
Contact No.	<u> </u>	
Email Address	<u> </u>	
Company TIN		
PhilGEPS Reg. No.		
Sir/Madam:		
expenses for the goo		arges, VAT or other applicable taxes , and other incidental ate information could be basis for non-compliance. Also, and/or samples, if applicable.
	nanufacturer, distributor, or agent in the arized certification to this effect.	Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	e, latest Income/Business Tax Retur the attached format marked as Anne	ness Permit, Mayor's Permit , PCAB License (if applicable), n and a notarized or unnotarized Omnibus Sworn Statement ex B. If awarded , please submit immediately the duly notarized arized. The Certificate of Platinum Membership maybe GEPS Registration Number.
1680 F.T. Benitez co 5:00 PM on NOVEM	rner Malvar Sts., Malate, Manila <u>or em</u> BER 13, 2023 ∰αday). Quotations sub aluation. Please indicate in the subject	x A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor ail to: kcmimaropa-procurement@dswd.gov.ph not later than omitted to different email address(es) as stated above shall not of your email the title of the Project using this format: [RFQ]
Number I, [Deaumie	e of Submission].	Very truly yours,
		HARVY B. BALABIO (1/3/m 3) Administrative Officer V Procurement Section Head
Terms and Condition	ons:	
Price Valid	Il be made on per:item bas itv shall be valid until: One Hundred T hall be delivered on: Proposed d	wenty (120) Calendar days
	elivery: MDRRMC Training Hall. P	unta Baia, Rizal, Palawan
 Terms of F Payment to 	Payment: within 30 days upon final in a prough LDDAP-ADA (List of Due and	unta Baja, Rizal, Palawan nspection and acceptance Demandable Accounts Pavable- Advice to Debit Account) Account Number :
Account N		Branch:
Bank Nam	e:_ on Land Bank of the Philippines acco	
6. Liquidated the amousthe unperdamages the contra 7. For goods 8. In case of	Damages/Penalty: In case of the liquidated damages shall be formed portion for every day of delay reaches ten percent (10%) of the amict without prejudice to other course please indicate brand, model and coundiscrepancy between unit cost and total	f failure to make full delivery within the time specified above, at least equal to one-tenth of one percent (0.001) of the cost of y shall be imposed. Once the cumulative amount of liquidated ount of contract, the Procuring Entity may rescind or terminates of action and remedies available under the circumstances.
10. NOTE: "P	icate warranty: rospective supplier must be register nilGEPS). You may visit the PhilGEPS	ed at the Philippine Government Electronic Procurement System S website at www. philgeps.gov.ph to register "
<u> </u>		
Ma. Ka Telefax: 5336-8	thliel Kristal M. Ferranco 106 to 07 loc (24052) er: 09456535745/09152653142	Signature Over Printed Name (Supplier)

TOTAL APPROVED BUDGET FOR THE CONTRACT: One Hundred Seventeen Thousand Five Hundred Pesos only (Php117,500.00)

PURPOSE PR No .:

Catering Service for the conduct of Sustainability Planning Workshop, Municipal Accountability Reporting and Community

Volunteers Success Stories and Best Practices Conference of Rizal, Palawan.

KC-2023-10-302

(Signature over Printed name) Supplier

Note: Please specify brand model/origin

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. F AlLURE 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.



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I	:-	, of
		has received the Request for
Quotation RFQ No.	KC-2023-10-302	from DSWD MIMAROPA Region intended for the
		ity Planning Workshop, Municipal Accountability Reporting and t Practices Conference of Rizal, Palawan.
Certified by:		
(Signature Over Printe Contact: Email Address:	d Name of Supplier)	
		3
RFQ Delivered by:		
Position:	d Name of Canvasser)	
Date / Time of Delivery		
Note: This form shall b provider.	e used and issued in cases w	then RFQ is personally delivered to prospective supplier/service