

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

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

## REQUEST FOR QUOTATION

				RFQ No.: Date:	2023-10-1304 NP-SVP A November 10, 2023
Company Name	Ser.				
Company Address	-		<del></del>		
Contact Person	<u> </u>				
82	-				
Contact No.					
Email Address	4		<del></del>		
Company TIN	1				
PhilGEPS Reg. No.	1				
Sir/Madam:					
expenses for the go	ods listed in Anne	ex A Failure to i		could be	cable taxes, and other incidental basis for non -compliance. Also, able.
If you are exclusive quotation a duly not			in the Philippines for	goods list	ted in Annex A, please attach in your
PhilGEPS Certifica in accordance with Omnibus Sworn Sta	te, latest Income the attached for itement (if previou	e/Business Tax F rmat marked as usly submitted is u	Return and a notarize Annex B. If awarded	ed or unr , please s tificate o	rmit, PCAB License (if applicable), notarized Omnibus Sworn Statement submit immediately the duly notarized if Platinum Membership maybe er.
Floor 1680 F.T. Ben than 5:00 PM on N	ovember 17, 202 or evaluation. Plea	or Sts., Malate, Ma (3 (Friday), Quota ase indicate in the	anila or email to: pro ations submitted to dif	curemen ferent em	A Region -BAC Secretariat at 2nd t.fomimaropa@dswd.gov.ph not later iail address(es) as stated above shall of the Project using this format: [RFQ]
Number 1, Ibeaum	e or Submission	п.			Very truly yours,
Terms and Condit	ions:			Adi	ARVY B. CALABIO III/10/2023 ministrative Officer V urement Section Head
		Titem basis	Ix total quoted	nrice	lot basis
Award shall be     Price Validity si     Services shall to     Place of Delive	hall be valid until: goe delivered on:	One Hundred Twe	nty (120) Calendar da	iys	oved Purchase Order (PO)
5. Terms of Paym			inspection and acce		
		st of Due and Der			dvice to Debit Account)
Account Name Bank Name:	н		7	count Nu anch:	muer -
	and Bank of the P	hilippines accoun	ts shall be charged a	Control Control	e
<ol><li>Liquidated Dan</li></ol>					he time specified above,
the amount of	the liquidated dar	mages shall be at	least equal to one-ten	th of one	percent (0.001) of the cost of
damages reac	hes ten percent (	ny day of delay sh	nt of contract, the Pro-	curina En	lative amount of liquidated tity may rescind or terminate
the contract w	Ithout prejudice t	o other courses o	f action and remedies	available	under the circumstances.
7. For goods plea	ise indicate brand,	model and country	of origin.		
		nit cost and total co	st, unit cost shall preva	di.	
<ol> <li>Please indicate</li> <li>NOTE: "Pro</li> </ol>		nust be registered a	t the Philippine Govern	nent Electr	onic Procurement System
			ebsite at www. philgeps.		
1/-	1.6				
DAV	E T. CORCORO				2
	curement Officer				Signature Over Printed Name
Telefax: 5328	8-5111 to 5115 loc	24052			(Supplier)

## DSWD

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

wa	REG	THE POPUL	1680 F.T. Benitez corner Malvar Sts., Ma	nate, manna					
	Govern	ment Ele	ospective supplier must be registered at the Philippine RFQ No.: 2023-10-1304 NP-SVP nent Electronic Procurement System (PHILGEPS). You may						
	visit the	PHILGE	PS website at www.philgeps.gov.ph to register	Date:	( should be filled up by	supplier)			
omp	any Na	ame	<u> </u>	MOP: NP-SVP					
mp	any A	ddress							
onta	ct Per	son							
onta	ct No.		*						
nail	Addre	ss							
	any TI	-344	**************************************						
		eg. No.	·						
illiG	EF3 K	ey. No.	·						
em No.	Qty.	Unit		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	7		COMMERCIAL RICE, 50 kilos/sack BROTH CUBE, Pork flavor, 6 cubes/box		_				
3	12		BROTH CUBE, Shrimp flavor, 6 cubes/box						
4	12		BROTH CUBE, Chicken flavor, 6 cubes/box						
5	1	gallon	COOKING OIL, One (1) gallon (3.2 liters)						
6	288	and the same of the same of	COOKING OIL, 350ml						
7	39	-	TOMATO SAUCE, 250g						
9	3		VINEGAR, One (1) gallon SOY SAUCE, One (1) gallon						
10	2		KETCHUP, Banana flavor, one (1) gallon						
11	2	bottle	OYSTER SAUCE, One (1) liter						
12	3		PINEAPPLE TIDBITS, 822g						
13	3 15		PANCIT BIHON, 500g						
14	975		MEAT LOAF, 150g CORNED BEEF, 150g						
16	15		TUNA FLAKES IN OIL, 155g						
17	1,015		SARDINES, In tomato sauce flavor, 155g						
18	10		SUGAR, Washed, 1kg						
19	5		POWDERED MILK, 320gms						
20	5		CONDENSED MILK, 380g EVAPORATED MILK, 360g						
22	3		PASTA, Macaroni, elbow, 1kg						
23	5	-	CHEESE, 500g						
24	4		PASTA, Spaghetti, 900g						
25	4	-	SPAGHETTI SAUCE, 900g						
26 27	2		BREADING MIX, 62g FISH SAUCE, Patis-flavoured sauce, 1L						
28	1		BREAD CRUMBS, 1kilo						
29	7	pack	COFFEE, 3-in-1, 10 sachet/pack						
30	7	The second name of	OATMEAL, 1kg						
31	14		CHOCOLATE POWDER, 24g, 12 sachet/pack SARDINES, Mackerel, in natural oil, 155g						
33	3		MAYONNAISE, 470ml						
34	_		PEANUT BUTTER, 450ml						
		30.02							
_		-	Note: See attached distribution list >>>> NOTHING FOLLOWS <						
	-		>>>> NOTHING FOLLOWS						
			Date of Delivery: Twenty (20) calendar days upon receipt of approved						
			Purchase Order (PO)						
	-		Area of Delivery:  > BOAC BAHAY PAG-ASA (BPA BOAC)						
	-	-	Tabi, Boac, Marinduque						
	1		A TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF TH						
			Contact Person: MR. ANTHONY T. MATE						
	-	-	Contact Number: 0926-635-7446						
	-		TOTAL APPROVED BUDGET FOR THE CONTRACT		1				
		/	One Hundred Seven Thousand Three Hundred Ninety-Six						
_		-	Pesos Only						
			(Php 107,396.00)	Note: Please specify brand					
_			DACE 1 OF 1	model/origin.					
			PAGE 1 OF 1		4				

(Signature over printed name) Supplier