

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: | KC-2024-09-0099 9-Sep-2024 |
|---|---|---|--|
| | | Date | 3-3ep-2024 |
| Company Name | 8 | | |
| Company Address | \$ | | |
| Contact Person | 2 | • | |
| Contact No. | | | |
| Email Address | 3 | | |
| Company TIN | × × × × × × × × × × × × × × × × × × × | • | |
| South Control of the | 3 | | |
| PhilGEPS Reg. No. | * | | |
| Sir/Madam: | | | |
| expenses for the good | vernment price/s including delivery charge ds listed in Annex A . <u>Failure to indicate</u> otive brochures, catalogues, literatures and | information could be I | basis for non -compliance. Also, |
| | anufacturer, distributor, or agent in the Phrized certification to this effect. | ilippines for goods lister | d in Annex A, please attach in your |
| PhilGEPS Certificate in accordance with t Omnibus Sworn State | ttach copies of your Company's Business e, latest Income/Business Tax Return and the attached format marked as Annex B ement (if previously submitted is unnotarized e Mayor's /Business Permit and PHILGEP | nd a notarized or unno i. If awarded , please su ed. The Certificate of I | starized Omnibus Sworn Statement bmit immediately the duly notarized Platinum Membership maybe |
| 1680 F.T. Benitez cor September 16, 2024 | nd submit this form together with Annex A mer Malvar Sts., Malate, Manila or email to (Monday) Quotations submitted to differe indicate in the subject of your email the tiesion]. | o:rcviceno@dswd.gov nt email address(es) as | v.ph not later than 5:00 PM on stated above shall not be considered |
| | | Ad | ARVY BURALABIO ministrative Officer V urement Section Head |
| Terms and Conditio | ···· | | _ / |
| Award shall be Price Validity sh | made on per:item basis nall be valid until: One Hundred Twenty | X total quoted price (120) Calendar days | lot basis |
| 3. Services shall b | e delivered on: November 13-15, 2024 | • | |
| Place of Deliver | | | |
| | ent: within 30 days upon final inspect | | ole- Advice to Debit Account) |
| Account Name | | | nt Number : |
| Bank Name: | A Bart of the Bellinging | Branch | |
| 6. Liquidated Dam | and Bank of the Philippines accounts s nages/Penalty: In case of failure to | | rice fee nin the time specified above, |
| the amount of | the liquidated damages shall be at leas | st equal to one-tenth o | f one percent (0.001) of the cost of |
| | ed portion for every day of delay shall I hes ten percent (10%) of the amount of | | |
| | ithout prejudice to other courses of act | | |
| For goods pleas | se indicate brand, model and country of or | rigin. | |
| In case of discretePlease indicate | epancy between unit cost and total cost, u | nit cost shall prevail. | |
| 10. NOTE: "Pros | spective supplier must be registered at | the Philippine Govern | ment Electronic Procurement System |
| | GEPS). You may visit the PhilGEPS web | | |
| | (.) | | |
| | EL C. VICENO | | |
| Procu Telefax: 5336-810 | nement Officer 6 to 07 loc. 24052 | | Signature Over Printed Name |
| Contact Number: | | | (Supplier) |

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Note: Prospective supplier must be registered at the Philippine Government Electronic RFQ No.: KC-2024-09-0099 Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register (should be filled up by suppplier) Date: Company Name MOP: NP-SVP Company Address Contact Person Contact No. Email Address Company TIN PhilGEPS Reg. No. 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." Item **PARTICULARS** Total Cost Qty. Unit Unit Cost No. compliance." SUSTAINABILTY PLANNING WORKSHOP (1 METL & 2 SMACKS) 1 Location: Within the Municipality of Sta Fe Romblon Date: November 13, 2024 80 pax pax 80 Date: November 14, 2024 Date: November 15, 2024 pax Type of Serving: Snacks for AM and PM: Plated, with Beverage Lunch: Buffet (3 Main dish with soup, dessert and beverages) I. Menu Selection: Service provider to submit menu for the snacks and lunch. II. Different Set of Dishes per day III. Food shall be freshly cooked and prepared on the day of the activity ***Nothing follows*** TOTAL APPROVED BUDGET FOR THE CONTRACT: Note: Please specify brand model/origin . One Hundred Twenty Thousand Pesos Only (Php120,000.00) Catering Services for the Conduct of Sustainability Planning Worksop for the KKB Community Grants Implementation-Sta Fe PURPOSE: Rombion KC-2024-09-0099 PR No .:

> (Signature over Printed name) Supplier

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.



provider.

REQUEST FOR QUOTATION RECEIVING FORM

| I Hereby certify that I | | | , of |
|--|---------------------------|---|----------|
| | | has received the Request for | |
| Quotation RFQ No. | KC-2024-09-0099 | from DSWD MIMAROPA Region intended for the | |
| Catering Services for Sta Fe Rombion | r the Conduct of Sustaina | bility Planning Worksop for the KKB Community Grants Implem | entation |
| Certified by: | | | |
| (Signature Over Printe Contact: Email Address: | d Name of Supplier) | | |
| RFQ Delivered by: | | | |
| | | | |
| (Signature Over Printe Position: | ed Name of Canvasser) | | |
| Date / Time of Deliver | у: | | |
| | | | |

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service