

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

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

REQUEST FOR QUOTATION

		Date: September 13, 2024
		Date. September 10, 2027
Company Name	3	
Company Address		
Contact Person	a i i i i i i i i i i i i i i i i i i i	
Contact No.		
Emai #	4	
Company TIN	3	
PhilGEPS Reg. No.		
Sir/Madam:		
goods listed in Anne		VAT or other applicable taxes , and other incidental expenses for the <u>ltd be basis for non -compliance</u> . Also, furnish us with descriptive
If you are exclusive r duly notarized certific		ippines for goods listed in Annex A, please attach in your quotation a
Certificate, latest In the attached format	come/Business Tax Return and a notariz t marked as Annex B. If awarded , please is unnotarized. The Certificate of Platinum	Permit, Mayor's Permit , PCAB License (if applicable), PhilGEPS ed or unnotarized Omnibus Sworn Statement in accordance with submit immediately the duly notarized Omnibus Sworn Statement (if Membership maybe submitted in lieu of the Mayor's /Business Permit
Benitez corner Malva (Friday), Quotations	ar Sts., Malate, Manila or email to: ccrvicto	HARVY B. CALABIA Q /12/214
T		Administrative Officer V Procurement Section Head
Terms and Condition		Whatel analysis District
	hall be valid until: One Hundred Twenty (12	X total quoted price lot basis 20) Calendar days
	be delivered on: November 19-22, 2024	
Place of Delive Terms of Paym	ry: Metro Manila nent: within 30 days upon final inspection	and acceptance
		ble Accounts Payable- Advice to Debit Account)
Account Name Bank Name:	D:	Account Number :
	and Bank of the Philippines accounts shal	
6. Liquidated Dan		ake full delivery within the time specified above, qual to one-tenth of one percent (0.001) of the cost of
the unperform	ned portion for every day of delay shall be	imposed. Once the cumulative amount of liquidated
		ntract, the Procuring Entity may rescind or terminate
7. For goods plea	ise indicate brand, model and country of originate prepared between unit cost and total cost, unit	
9. Please indicate		e Philippine Government Electronic Procurement System
(Phi	spective supplier must be registered at th GEPS). You may visit the PhilGEPS websi	
	CATHY R. VICTORIO	
The second secon	urement Officer 06 to 07 loc. 24052	Signature Over Printed Name
	: 09984746898	(Supplier)

Non-VAT

(Signature over Printed name) Supplier

Procurement Form No. 04-A (Annex A)



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). RFQ No. 2024-08-0757 You may visit the PHILGEPS website at www.philgeps.gov.ph to register Date: (should be filled up by suppplier) Company Name MOP: NP-LOV Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Item **Bidder's Specifications** (Please fill out the specifications in the space provided) NOTE: Supplier must state **PARTICULARS** Unit Cost Total Cost Qty. Unit here either the statement of No. compliance either "COMPLY or "NOT COMPLY". "Failure to Indicate Information could be basis for non-compliance." Board and Lodging for 3 days 21 pax Supplementary Feeding Program-Year-end Strategic Planning (Face-to-Face) 18 guaraanteed pax Venue: Within Metro Manila Date: November 19-22, 2024 Check in: November 19, 2024 / 12:00 PM Check out: November 22, 2024 / 12:00 PM Room sharing: Twin and Triple Sharing with Individual Bed per Pax and Free Toiletries (Air-conditioned Room) (with the IATF and DOT Guidelines torthe Minimum Health Standard) Number of Pax: 21 Maximum Guaranteed number of pax: 18 guaranteed. If the total number of the participants exceeds the guaranteed participants, the agency will be billed for the actual number but not more than the maximum no. of participants Meal schedule Nov 19: Lunch, PM snack, Dinner Nov 20-21: Breakfast, AM snack, Lunch, PM snack, Dinner Wine 21 Breakfast, AM snack, Type & Time of serving: Managed Buffet for Breakfast (6:00 am). Lunch (12:00 nn) and Dinner (6:00 pm) Plated Snacks (AM Snack -10:00 am and PM Snack 3:00 pm) Sevice provider to provide menu meals Hotel to submit Menu (Minimum of 2 meat dish. 1 vegetable dish, 1 Soup, 1 Dessert. Rice and Beverages) Hotel will submit proposed menu two (2) weeks before the training schedule ***Page 1 of 2*** TOTAL APPROVED BUDGET FOR THE CONTRACT: Note: Please specify One Hundred Sixty-Three Thousand Eight Hundred Pesos Only brand model/origin. (Php 163,800.00) PURPOSE: Supplementary Feeding Program-Year-end Strategic Planning PR No.: 2024-08-0757 NP-LOV 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 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.

Procurement Form No. 04-A (Annex A)



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Annex A

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(Signature over Printed name) Supplier