

DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M. I. Cuence and Con Marin

REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

	RFQ No.	: DSWD7-2024-0435 /
	Date	: April 8, 2024
Company Name:		
Company Address:		
Contact Person:		
Contact No.:		
PhilGEPS Registration No.:		
Sir/Wadam:		
Please quote your government price/s including delivery charges, V expenses for the goods listed in Annex A. Failure to indicate informationally furnish us with descriptive brochures, catalogues, literatures and	ation could be the	ne basis for non-compliance. Also,
If you are the exclusive manufacturer, distributor or agent in the Plattach in your quotation a duly notarized certification to this effect.	hilippines for the	goods listed in Annex A, please
Interested service providers are required to submit true copies of Philgeps Registration Number upon submission of quotation. A prior to award.		
Please accomplish and submit this form together with Annex A and Field Office VII, Cebu City or send it through facsimile numbers (03 kalahiaf7.procurement23@gmail.com on or before April 15, 2023	2) 233-8785; 2	33-0261; 231-2172 local 17126 or
Very	truly yours	
	R. EMMANUE	
Terms and Conditions:	V/Head, Procure	ement Management Section
	od price	lot basis
 Award shall be made on per: item basis total quote Quotation validity shall be not less than 60 calendar days. 	ea blice	IOL Dasis
Good/s or Services shall be delivered on the specific date in Ann	ov A	
4. Place of Delivery: Ronda, Cebu	IGA A.	
within 20 relevator days from the complete	ion of services	and receipt of Billing Statement
5. Terms of Payment: / Sales Invoice.		and rootipe of Dining Contonions
6. Liquidated Damages/Penalty: One-tenth of one percent for e		
7. In case of discrepancy between total price per item and unit price	for the item as e	extended or multiplied
by the quantity of that item, the latter shall prevail.		$\langle \langle \langle \langle \langle \langle \rangle \rangle \rangle \rangle \rangle$
Warranty Period, if applicable:	-	(hall hate
	CI	RISMARIE S. EROJO
	<u>Cr</u>	Canvasser
I am interested to quote and agree to the terms and conditions.		Callyassol
(Signature over Printed Name of Supplier /		
Authorized Representative)		
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RFQ No.: DSWD7-2024-0435

Company Name: _



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

Com	oany Ad	dress:			Da	te: April 8,	2024
Conta	act Pers	on:					
Conta	act No.:						
PhilG	EPS Re	egistration	No.:				
Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Provision of Catering Services (1 Meal and 2 Snacks)				
			Activity Title: Municipal Fiduciary Review cum Project Team Meeting				
1	64	pax	Date: May 9, 2024				
	64	pax	Date: May 10, 2024				
2	93	pax	Activity Title: Municipal Accountability Reporting Date: June 26, 2024				
		-	Venue: Ronda, Cebu Meals: Lunch (Packed) Snacks: AM & PM (Packed)				
			Lunch Menu: > Rice > 2 Main Dish: (Choices of: Beef / Pork / Chicken or Fish) > Dessert (Choices of: Fruits or Cakes or Salads) > Drinks: (Choices of: at least 500 ml Bottled Water or 240ml Canned Juice or 330ml Bottled Natural Juice) No serving of CREAMDORY fish No serving of BAM-E, PANSIT or BIHON (as viand) Strictly NO SOFTDRINKS & FLAVORED BOTTLED DRINKS / POWDERED JUICES * Please specify name of dishes AM / PM Snacks: > Variation of Pasta, Noodles, Pastries, Native Kakanin i.e Suman, Puto, Biko etc., Sandwiches, i.e Tuna/Ham & Cheese/Egg with vegetables, etc. or Burgers i.e Beef/Chicken/Ham with vegetables, etc. > Drinks: (Choices of: at least 500 ml Bottled Water or 240ml Canned Juice or 330ml Bottled Natural Juice or Coffee/hot Choco) Strictly NO SOFTDRINKS & FLAVORED BOTTLED DRINKS * Please specify name of dishes				

ltem No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Other Specifications: > Service provider must attached MENU upon submission of Request for Quotation (RFQ). > Food must be delivered between 9:00 AM to 11:00 AM. > Service provider must bring the Delivery Receipt, Sales Invoice or Billing Statement and Menu upon delivery to fast track the processing of payments. > Service provider must inform the End-user ahead of time for any changes in the menu prior to the delivery. > End-user will inform the service provider at least three (3) days prior to the conduct of meeting. CHARGED KALAHI-CIDSS - KKB				
	Total			Total:			
Approved Budget for the Contract: Php88,400.00			Note: "Bidder's Specifications" column may be filled up w supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.) or may copy	
ourp	ose:	Provis	ion of food for the participants of the activity.				

Signature of supplier/Authorized Representative over printed name

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	Company Nam	e:	
Activity Title: Day 1:	Municipal Fiduciary	Review cum Project Team Meeting	
Native Kakanin, Sandwiches, i.e., To Vegetables, etc. or E Ham with Vegetables Drinks: 500m or 330m i.e.: (Lemon/Calamar (specify) or 240m (specify)	una/Ham & Cheese/Egg with Burgers i.e., Beef/ Chicken/		PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e, Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/Ham with Vegetables, etc.): Drinks: 500ml Bottled Water or 330ml Bottled Natural Juice i.e.: (Lemon/Calamansi/Buko/Cucumber etc.) (specify) or 240ml Canned Juice: (specify) or Coffee/Hot Choco: (specify)
Day 2:			(specify)
,		MENU	
Native Kakanin, Sandwiches, i.e., To Vegetables, etc. or I Ham with Vegetables Drinks: 500m or 330m i.e.: (Lemon/Calaman (specify) or 240m (specify)	una/Ham & Cheese/Egg with Burgers i.e., Beef/ Chicken/	Lunch: Plain Rice 2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish): (specify) 1	PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e, Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/Ham with Vegetables, etc.): Drinks: 500ml Bottled Water or 330ml Bottled Natural Juice i.e.: (Lemon/Calamansi/Buko/Cucumber etc.) (specify) or 240ml Canned Juice: (specify) or Coffee/Hot Choco: (specify)
Activity Title:Mu	nicipal Accountability	Reporting	
		MENU	
Native Kakanin, Sandwiches, i.e., T	iation of Pasta, Noodles, i.e, Suman/Puto/Biko etc., una/Ham & Cheese/Egg with Burgers i.e., Beef/ Chicken/s, etc.):	2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish): (specify) 1. (specify) 2. Dessert: (Choices of: Fruits or Cakes or Salads)	PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e, Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/Ham with Vegetables, etc.):
or 330n i.e.: (Lemon/Calama (specify) or 240n (specify)	nl Bottled Water nl Bottled Natural Juice nsi/Buko/Cucumber etc.) nl Canned Juice: ee/Hot Choco:	(specify) Drinks: 330ml Bottled Natural Juice i.e.: (Lemon/Calamansi/Buko/Cucumber etc.) (specify) or 240ml Canned Juice: (specify) or 500ml Bottled Water	Drinks: 500ml Bottled Water or 330ml Bottled Natural Juice i.e.: (Lemon/Calamansi/Buko/Cucumber etc.) (specify) or 240ml Canned Juice: (specify) or Coffee/Hot Choco: (specify)