

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION NP-SMALL VALUE PROCUREMENT

| | RFQ No. | : <u>DSWD7-2024-1130</u> |
|---|-------------------|----------------------------------|
| | Date | : August 27, 2024 |
| Company Name : | | |
| Company Address : | 10 10 10 | |
| Centest Person | | |
| Contact No. : | | |
| PhilGEPS Registration No.: | _ | |
| | | |
| Sir/Madam: | | |
| Please quote your government price/s including delivery char incidental expenses for the goods listed in Annex A. Failure to compliance. Also, kindly furnish us with descriptive brochu applicable. | indicate informat | tion could be the basis for non- |
| If you are the exclusive manufacturer, distributor or agent in t please attach in your quotation a duly notarized certification to th | | r the goods listed in Annex A, |
| Interested supplier/s are required to submit true copies registration number upon submission of quotation/s. | of their valid I | Mayor's Permit and Philgeps |
| Please accomplish and submit this form together with Annex ADSWD Field Office VII, Cebu City or send it through facsimile nu 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before Septe | ımbers (032) 233- | 8785; 232-0261; 231-2172 local |
| | Very truly your | 8, |
| | ENCR EMM | NUEL M. EDLES |
| | | ocurement Management Section |
| | |) 0 |
| Terms and Conditions: | | |
| | uoted price | lot basis |
| 2. Quotation validity shall be not less than 60 calendar days. | | |
| 3. Good/s or Services shall be delivered on the specified dates | in Annex A | |
| 4. Place of Delivery: DSWD ROC 1 / 5. Terms of Payment: within 30 days from the receipt of billir | ng statement/Sal | es Invoice |
| 6. Liquidated Damages/Penalty: One-tenth of one percent for | or everyday of de | lay shall be imposed. |
| 7. In case of discrepancy between total price per item and unit primultiplied by the quantity of that item, the latter shall prevail. | | |
| 8. Warranty period, if applicable: | | |
| c. vvalianty period, it applieds is: | _ | |
| | REINAFLOR | |
| | Canvas | ser |
| I am interested to quote and agree to the terms and conditions. | | |
| | | |
| Signature of Supplier/Service Provider/Authorized Representative over Printed Name | | |



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

| | Department of Social Welfers and Decisionment | | |
|----------------------------|---|-----|-----------------|
| Company Name: | | RF | DSWD7-2024-1130 |
| Company Address: | | Dat | August 27, 2024 |
| Contact Person: | | | |
| Contact No.: | | | |
| PhilGEPS Registration No.: | | | |
| TIN: | | | |

| 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 Only | | - 11 - | | |
| | | | Title of Activity : Refresher Course on Defensive Driving and Basic Automotive | | | | * |
| | | | September 21-22, 2024 | | | | |
| 1 | 23 | pax | Details: AM snacks as first provision and Dinner as last provision Php. 1,100.00 | | | | |
| | | | Venue: DSWD ROC 1 | | | | |
| | | | Details: Should be served in foil per viand. Not packed meal. | | | | |
| | | | Menu: | | | | |
| | | | Lunch/Dinner: Rice, Soup, Vegetables and 3 main dishes (pork, chicken and beef) | | | | |
| | | | Dessert (choice of fresh fruits, fruit salad or pastries like cake) and natural juices | | | | |
| | | | AM/PM Snacks: Variation of pasta, bread, pastries, burgers, pizza, native snacks and natural/local juice (like Lemon grass, Calamansi, Buko, Watermelon or Cucumber, etc.) | | | | |
| - | | | Unlimited supply of Coffee and Purified/mineral Drinking Water Strictly NO serving of cream dory fish, NO powder juice and soft drinks | | | | |
| | | | Others: Service Provider shall attach menu for the inclusive dates upon the submission of RFQ. | | | | |
| | | | Other Requirements: The service provider must set up a buffet station outside the DSWD Field Office 7 following the specifications above and must not serve packed meals / Buffet station is optional. | | | | |
| | | | Statement of Account and menu must be provided on the last day of the activity. Payment is within 30 days after receipt of complete set of supporting documents. | | | | |
| pprov | ed Bud | get for the | Contract: Php 50,600.00 | "Bidder's Specific | | | |
| End User: HRMDD - LDS | | HRMDD - | - LDS | provider or may copy "Articles/Description" stated if applica | | | d if applicab |

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

Signature of Supplier/Service Provider/Authorized Representative over Printed Name REINAFLOR C. VISTO

Canvasser