



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. : DSWD7-2022-0286  
 Date : April 25, 2022

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

**Interested supplier/s are required to submit true copies of their valid Mayor's Permit and Philgeps registration number upon submission of quotation/s. An Omnibus Sworn Statement is required for submission prior to award.**

Please accomplish and submit this form together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **April 29, 2022 at 5:00PM.**

Very truly yours,

**ROSARIO P. BACONG**

AO V/Head, Procurement Management Section

**Terms and Conditions:**

1. Award shall be made on per:  item basis  total quoted 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: **Area Vocational Rehabilitation Center II, Labangon, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement/Sales Invoice**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
8. Warranty period, if applicable: \_\_\_\_\_

**REINAFLO C. VISTO**

Canvasser

I am interested to quote and agree to the terms and conditions.

Signature of Supplier/Service Provider/Authorized Representative over Printed Name



Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 TIN: \_\_\_\_\_

RFQ I **DSWD7-2022-0286**  
 Date: **April 25, 2022**

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>PROVISION OF CATERING SERVICES (PACKED MEAL AND SNACKS)</b>				
			<b>NDPR WEEK CELEBRATION</b>				
1	95	pax	July 18, 2022				
2	95	pax	July 22, 2022				
			<b>Venue:</b> Area Vocational Rehabilitation Center II, Labangon, Cebu City				
			<b>Meals: Packed Lunch</b>				
			<b>Snacks: AM &amp; PM (Packed)</b>				
			<b>Details:</b>				
			<b>Lunch:</b> Rice, Soup/Vegetables/Noodles, 3 Main Dishes (pork, chicken, fish), dessert (preferably fruits), and natural juices (buko/calamansi/tea)				
			<b>Snacks: AM &amp; PM (Packed)</b> Choices of pasta, sandwiches, pastries, and natural juices (buko/calamansi/tea)				
			<b>Should be served as individual packed meals.</b>				
			<b>Strictly no serving of softdrinks.</b>				
			<b>Strictly no serving of cream dory fish.</b>				
<b>Approved Budget for the Contract: Php85,500.00</b>				<b>"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.</b>			
End User: <b>AVRC II</b>							

**PURPOSE :** Provision of food for the participants of the said activities.

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

\_\_\_\_\_  
 Signature of Supplier/Service  
 Provider/Authorized Representative  
 over Printed Name

**REINAFLORE C. VISTO**  
 Canvasser