



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. : DSWD7-2024-0613
 Date : May 22, 2024

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.

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 **May 27, 2024 at 5:00PM.**

Very truly yours,

ENGR. EMMANUEL M. EDLES
 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: Cordova, Cebu
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: _____


REINAFLOR C. VISTO
 Carvasser

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: _____

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Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Information Caravan cum employment fair for 4Ps household beneficiaries				
1	150	pax	Provision of one (1) meal lunch and one (1) am snack				
			Date: June 11, 2024				
			Venue: within Cordova, Cebu				
			Menu:				
			Packed Lunch: Rice, 3 main dishes (vegetable, fish, chicken, and pork/beef)				
			Dessert (choice of fruit salad or pastries like cake and natural juices)				
			Others: Bottled Water				
			AM Snack: Variation of pasta, bread, pastries, burgers, pizza, native snacks, and natural/local juice (like Lemon grass, Calamansi, Buko, Watermelon or Cucumber, etc.)				
			Note: The end user will communicate with the winning supplier for the exact time of delivery and venue in Cordova, Cebu.				
Approved Budget for the Contract: Php 60,000.00				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: ORD / SMU							
PURPOSE : For provision of food for the participants of the activity							

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