

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Government Center, Rawis, Legazpi City, Albay

REQUEST FOR QUOTATION

Company Name	_____	P.R. No.	F 2409-0429
Company Address	_____	Date:	September 12, 2024
Contact No.	_____	MOP	Small Value Procurement
PhilGEPS Certificate No.	_____	TIN NO.	_____

Please quote your lowest government price for the following item(s) specified below. Check/tick the "COMPLY" box if bidder complies with the specifications. A quotation containing unchecked/unchecked "COMPLY" boxes would be automatically rated as "FAILED".

ITEM NO.	QTY.	UNIT	ITEM DESCRIPTION AND SPECIFICATIONS	Kindly tick the box to signify compliance to the specs.	UNIT COST	TOTAL COST
			PROVISION OF FOOD DURING THE I LEARN, ENGAGE, ADAPT, MAKE DIFFERENCE (I LEAD): A LEADERSHIP TRAINING FR 4Ps PARENT LEADERS IN CAMARINES SUR			
			November 12, 2024			
	53	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 13, 2024			
	53	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 14, 2024			
	54	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 15, 2024			
	54	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 19, 2024			
	61	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 20, 2024			
	61	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 21, 2024			
	60	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			November 22, 2024			
	60	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			VENUE: LAGONOY MUNICIPAL COVERED COURT, LAGONOY, CAMARINES SUR			
			Note: This includes <u>all Amenities</u> you conformed in the Standard Requirements for Venue attached in the RFQ. ABC: Php 228,000.00			

nikki

- IMPORTANT REMINDERS:**
- Price quotation/s must be valid for a period of **30 calendar days** from the date of submission.
 - DELIVERY PERIOD: **As scheduled**
 - PLACE OF DELIVERY: **As specified**
 - TERM OF PAYMENT: **CHARGED ACCOUNT**, unless specified.
 - LIQUIDATED DAMAGES: **One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay.** Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV **may rescind or terminate the contract**, without prejudice to other courses of action and remedies available under the circumstances.
 - Required documents to submit:
 - PhilGEPS Certification Number
 - Valid Mayor's or Business Permit
 - Latest Income Tax Return
 - As a condition for **AWARD**, you will be required to submit the following documents:
 - _____
 - _____
 - For any clarifications, you may contact the BAC Secretariat at procurement.fo5@dswd.gov.ph or at **0910-017-0818**.
 - Submit your quotation duly signed by you or your duly authorized representative not later than the deadline on **SEP 18 2024**.

JINKY A. MANGAMPO AO IV - Concurrent Procurement Head ROSEMARIE A. VIDAL AO III / Head - CMU	_____ Signature over Printed Name of Convasser	_____ Signature over Printed Name of Bidder/Authorized Representative
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