## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

			ered at the Philippine Government Electronic Procurement EPS website at www.philgeps.gov.ph and register for free."	RFQ No. Date:	22-0769-NP-SVP 05-Jul-22	
Compan	y Name:					
Compan	y Address:			_		
Contact	•			_		
				_		
Contact				=		
PhilGEPS	Reg. No.:			=		
Compan	y TIN:			_		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	65	pax	2 Meals and 2 Snacks			
		•	Meal: LUNCH (Rice, 2-3 Viands, Side			
			Dishes, Desserts, Fruits and Drinks)			
			Meal: DINNER (Rice, 2-3 Viands, Side			
			Dishes, Desserts, Fruits and Drinks)			
			Snacks: AM & PM w/ drinks			
			******NOTHING FOLLOWS******			
			Approved Budget for the Contract			
			(ABC): PhP 52,000.00			
PURPOS	E:	3rd Quarte	er Psychosocial Therapeutic Activity: Food	•	·	
FAILURE is not int	to sign the	2022-06-08 nning bidder original P.O r I will be a gro				
	ment Offic			SUPPLIER		
				Signature over Printed Na	me	

Company Name:		RFQ No	22-0769-NP-SVP
Company Address:		Dat	e: 05-Jul-22
Contact Person:		_	
Contact No. :		_	
Philgeps Reg. No. :		_	
Company TIN:		- -	
Sir/Madam:			
	vernment price/s including delivery charges, VAT or other applicab o indicate information could be basis for non – compliance. Also, fur plicable.		
If you are the exclusivnotarized certification	ve manufacturer, distributor or agent in the Philippines for the good n to this effect.	ds listed in <b>Annex A</b> please	attach in your quotation a duly
As a condition for aw	vard, you will be required to submit the following documentary re	quirements:	
	*Accomplished Quotation (for goods or infra)/Proposal (for consulting)	* Income/Business Tax F amounting above Php 50	Returns for Contract with an ABC 00,000.00
	* Mayor's Permit (for sole proprietorship, corporations, partnerships or joint ventures) or BIR Certificate (for individuals)	* Notarized Omnibus Sw contracts with an ABC a 50,000.00	orn Statement(revised) for mounting to above Php
	* PhilGEPS Registration No.		
	* PCAB License (for infra)		
•	d submit this form together with Annex A and all the required docu , Masterson Avenue, Upper Carmen, Cagayan de Oro City or email i Quotations submitted to different email address as stated abou	t to <u>bac.fo10@dswd.gov.p</u>	h not later than of
			Very Truly Yours,
			MELPE JEAN B. MAGHANOY
			Procurement Officer
Terms and Condition	s:		
1. Award shall be mad	de on per:	Total Quoted Price	Lot Basis
2. Quotation validity	·	Total Quoteu Frice	LOC Basis
•	all be delivered/conducted within		
	Venue of the Activity		
5. Terms of Payment:	•		
	DDAP-ADA (List of Due and Demandable Accounts Payable-Advice	to Dehit Account)	
Account Name:	DDA (LIST OF DUC UNA Demandable Accounts Fayable Advice	Account Num	her:
Bank Name		_ Account Num	
-	k of the Philippines accounts shall be charged a service fee.		
	es/Penalty: In case of failure to make full delivery within the time s		_
-	al to one-tenth of one percent (0.001) of the cost of the unperforn		- · · · · · · · · · · · · · · · · · · ·
	l damages reaches ten (10%) of the amount of the contract, the Pr other courses of action and remedies available under the circums		a or terminate the contract,
	-	sturices.	
= :	ndicate brand, model and country of origin. ncy between unit cost and total cost, unit cost shall prevail.		
8. In case of discrepar 9. Please indicate Wa			
•	·	first submitted its quetati	on
•	e contract shall be awarded to the supplier or service provider who www.philgeps.gov.ph and register for free."	, m st sammitten its dnotgti	
NACI DE 15ANI D. NAACI	HANOV		

MELPE JEAN B. MAGHANOY
Procurement Officer

## Republic of the Philippines **Department of Social Welfare and Development**

Field Office No. 10 Cagayan de Oro City

## **PROOF OF RECEIPT**

Quotation No: 22-0769-NP-SVP

Items: #REF!

Purpose: 3rd Quarter Psychosocial Therapeutic Activity: Food

Company Name	Representative	Position / Designation	Date	Signature

Canvasser