DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."

RFQ No.	22-0814-NP-SVP
Date:	05-Jul-22

Company Name:	
Company Address:	
Contact Person:	
Contact No.:	
PhilGEPS Reg. No.:	
Company 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 and PM with Drinks			
			********NOTHING FOLLOWS********			
			Approved Budget for the Contract			
			(ABC): PhP 52,000.00			
PURPOS	E:	4th Quarte	r Psychosocial Therapy Activity: FOOD		•	

PR No. 2022-06-0839

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O.

FAILURE to sign the original P.O means that the bidder

is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

MELPE JEAN B. MAGHANOY

Procurement Officer

SUPPLIER Signature over Printed Name

Company Name:	RFQ No.:	22-0814-NP-SVP
Company Address:	Date:	05-Jul-22
Contact Person:		
Contact No. :		
Philgeps Reg. No. :		
Company TIN:		

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 basis for non – compliance. Also, 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.

As a condition for award, you will be required to submit the following documentary requirements:

*Accomplished Quotation (for goods or infra)/Proposal (fo	r
consulting)	

- * Mayor's Permit (for sole proprietorship, corporations, partnerships or joint ventures) or BIR Certificate (for individuals)
- * PhilGEPS Registration No.
- * PCAB License (for infra)

- * Income/Business Tax Returns for Contract with an ABC amounting above Php 500,000.00
- * Notarized Omnibus Sworn Statement(revised) for contracts with an ABC amounting to above Php 50,000.00

Very Truly Yours,

MELPE JEAN B. MAGHANOY

Procurement (Officer
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Terms and Conditions:				
1. Award shall be made on per:	Basis Tota	al Quoted Price	Lot Basis	
2. Quotation validity shall be				
3. Goods/Services shall be delivered/conducted within				
4. Place of Delivery DSWD Field Office 10				
5. Terms of Payment: 15-30 days after the inspec	ions			
Payment through LDDAP-ADA (List of Due and Demandable	Accounts Payable-Advice to D	Debit Account).		
Account Name:		Account Number:		
Bank Name				
*Note: Non Land Bank of the Philippines accounts shall be charge	l a service fee.			
6. Liquidated Damages/Penalty: In case of failure to make full shall be at least equal to one-tenth of one percent (0.001) of amount of liquidated damages reaches ten (10%) of the amo	the cost of the unperformed p	portion for every da	ay of delay. Once the cumulative	

without prejudice to other courses of action and remedies available under the circumstances.

- 7. For goods, please indicate brand, model and country of origin.
- 8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.

9. Please indicate Warranty

10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation. PhilGEPS website at <u>www.philgeps.gov.ph</u> and register for free."

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:22-0814-NP-SVPItems:#REF!Purpose:4th Quarter Psychosocial Therapy Activity: FOOD

Company Name	Representative	Position / Designation	Date	Signature

Canvasser