DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

| | | | registered at the Philippine Government Electronic Procur GEPS website at www.philgeps.gov.ph and register for fre | | | 24-1046-NP-SVF 20 Aug 2024 |
|--|---|------------------------|---|---|---------------------|-------------------------------|
| Compa Contac Contac PhilGE Compa | ny Name: ny Addres t Person: t No.: CPS Reg. N ny TIN: Address: | | | - - - - | | |
| Item No. | Qty. | Unit | Purchaser's Specifications | Bidder's Specifications (Please fill out the detailed specifications in the space provided) | Unit Cost | Total Cost |
| | | | SUPPLY AND DELIVERY OF: | | | |
| | | | Meals and Snacks | | | |
| | 86 | PAX | *Inclusive of Lunch only Meal (4 viand with rice, dessert & 1 set of softdrinks) | | | |
| | 86 | PAX | AM & PM snacks Snacks (2 sets of snacks and drinks - AM and PM Snacks)" | | | |
| | | | * 2 days activity only | | | |
| | | | *********NOTHING FOLLOWS***** | | | |
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| | | | | | | |
| | | | Approved Budget for the Contract | | | |
| | | | (ABC): PhP 147,920.00 | | | |
| PURPO | SE: | | s and Snacks - 4Ps Capacity-building Activity for 4Ps Pare | | hip Training and So | cio-economic |
| PR No. | .52. | Empowerm 2024-08-10 | ent to be held at Municipality of Manticao, Misamis Orien 46 | t <u>al</u> | | |
| means th | | er is not inter ADAZA | dder MUST SIGN the original copy of Purchase Orderested and will be a ground for suspension or blacklist | ing in DSWD's future biddings. | FAILURE to sign | the original P.O |

Signature over Printed Name

| Company Name: | | | RFQ No. 24-1046-NP-SVP |
|--|-----------------------------|----------------------------------|--|
| Company Address: | | | Date: 20-Aug-24 |
| Contact Person: | | | Date: 20-11ug-24 |
| Contact No.: | | | _ |
| Philgeps Reg. No. : | | | _ |
| Company TIN: | | | - |
| Email Address: | | | - |
| Sir/Madam: | | | |
| | | | icable taxes, and other incidental expenses for the goods listed in Annex us with descriptive brochures, catalogues, literatures and/or samples, if |
| If you are the exclusive manufa certification to this effect. | ecturer, distributor or age | ent in the Philippines for the g | oods listed in Annex A please attach in your quotation a duly notarized |
| As a condition for award, you | ı will be required to su | bmit the following documen | tary requirements: |
| * Accomplished Quo | tation (for goods or inf | fra)/Proposal (for consulting | |
| * Mayor's Permit * PhilGEPS Registration No. | | | * Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k |
| | | | *Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00 |
| * PCAB license (for i | infra) | | |
| Note:Submission of PhilGEPS | Platinum Certificate of | Registration and Membership | is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No. |
| | nen, Cagayan de Oro Ci | ity or email it to bac.fo10@ds | ocuments to DSWD – Procurement Unit, DSWD Field Office 10, wd.gov.ph not later than 5:00 PM on August 27, 2024. Quotations ation. |
| | | | Very Truly Yours, |
| | | | ARNEL V. RADAZA DSWD 10 Procurement Officer |
| Terms and Conditions: | | | |
| 1. Award shall be made on per: | ☐ Item Basis | ☑ Total Quoted Price | ☐ Lot Basis |
| 2. Quotation validity shall be: | 6 Months | | |
| 3. Goods/Services shall be delivered/conducted within | 15-30 working days u | pon receipt of PO | |
| 4. Place of Delivery | <u>Venue</u> | | |
| 5. Terms of Payment: | 15-30 days after the i | nspections | |
| Payment through LDDAP-ADA | (List of Due and Demand | dable Accounts Payable-Advice | to Debit Account). |
| Account Nam | | | Account Number: |
| Bank Nan *Note: Non Land Bank of the | | Il he charged a convice for | |
| | | - | |
| one-tenth of one percent (0.001) o | of the cost of the unperfor | med portion for every day of del | fied above, the amount of the liquidated damages shall be at least equal to ay. Once the cumulative amount of liquidated damages reaches ten (10%) of hout prejudice to other courses of action and remedies available under the |
| 7. For goods, please indicate brand | d. model and country of or | igin. | |
| 8. In case of discrepancy between | • | • | |
| 9. Please indicate Warranty | | | |
| 10. In case of a tie, the contract sha | | | |
| 11. NOTE: "Prospective supplier I www.philgeps.gov.ph and register | | hilippine Government Electronic | Procurement System (PhilGEPS). You may visit the PhilGEPS website at |
| ARNEL V. RADAZA | | | |
| Procurement Officer | | | Supplier |
| | | | Signature over Printed Name |

Republic of the Philippines **Department of Social Welfare and Development** Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

24-1046-NP-SVP **Quotation No:** Items: Meals and Snacks

4Ps - Meals and Snacks - 4Ps Capacity-building Activity for 4Ps Parent Leaders as Partners cum Leadership Training and Socio-Purpose:

economic Empowerment to be held at Municipality of Manticao, Misamis Oriental

| Company Name | Representative | Position / Designation | Date | Signature |
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| Canvasser | |
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