DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

| "Note: Prospecti (PhilGEPS). You | ve supplier m may visit the | ust be regist PhilGEPS we | ered at the Philippine Government Electronic Procurement S ebsite at www.philgeps.gov.ph and register for free." | | lo.: 25-0041- Date: 2025-2- | |
|--|--------------------------------|------------------------------|---|--|--------------------------------|--------------------------|
| Company Na | me: | | | | | |
| Company Ad | dress: | - | | | | |
| Contact Pers | son: | | | | | |
| Contact No.: | | | | | | |
| Philgeps Reg | g. No.: | | | | | |
| Company TI | N: | | | | | |
| | | | | | | |
| 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: | | | |
| | 100 | pax | 1 MEAL AND 2 SNACKS WITHOUT VENUE (CATERING) | | | |
| | | | ************************************** | | | |
| | | | Note: - n/a | | | |
| | | | | | | |
| | | | Approved Budget for the Contract | | | |
| | | | (ABC): PhP 52,000.00 | | | |
| PURPOSE: | HFG - 1s | t Quarter | Psychosocial and Therapeutic Activity - Meals | S | | |
| PR No. | 2025-02- | 0041 | | | | |
| IMPORTAN sign the orig biddings. | T: The wi ginal P.O. 1 | nning bid means tha | der MUST SIGN the original copy of Purchase at the bidder is not interested and will be grou | e Order(P.O.) upon receipt and for suspension or black | of the P.O. F | AILURE to WD's future |
| ARNEL V | | | | | | |
| riocurem | eur Omce | T. | | Supplier | | |
| | | | | Signature over Printe | d Name | |
| | | | | | | |

| Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No.: Company TIN: | | RF | Q No. 25-0041-NP Date: 2025-2-3 | |
|---|--|--|---|------------|
| | | | | |
| | including delivery charges, VAT or other incedental expensional expensions. Also, furnish us with descriptive brochures catal | | | e |
| If you are the exclusive manufacturer, certification to this effect. | distributor or agent in the Philippines for goods listed in | Annex A please attach in y | our quotation a duly notariz | zed |
| As a condition for award, you will l | be required to submit the following documentary req | quirements; | | |
| * Accomplished Quotatio | ns (for goods or infra)/ Proposal (for consulting) | | Return for Contract with | n an ABC |
| * Mayor's Permit | | * Notarized Omnibus Sworn Statement for contracts with | | |
| * PLUCEDO D I | N. | * Notarized Omnibus S an ABC amounting to a | | racts with |
| * PhilGEPS Registration * PCAB License (for infra | | | | |
| Note: Submission of PhilGEPS Plating | um Certificate of Registration and Membership is acceptal | ble in lieu of the Mayor's Pe | ermit and PhilGEPS Reg. No |), |
| | m together with Annex A and all the required documents for City or email it to bac.fo10@dswd.gov.ph not later that or evaluation. | | | |
| | | D | Very truly Yours, ARNEL V. RADAZA OSWD 10 Procurement Of | fficer |
| Terms and Conditions: | | | | |
| Award shall be made on per: Quotation validity shall be: Goods/Services shall be delivered/conducted within: | □Item Basis ⊠Total Quoted Price 6 Months | □Lot Basis | | |
| 4. Place of Delivery: | Venue | | | |
| 5. Delivery Term: | Cut-off Time for Deliveries during Office Hours 8 AM - 4 PM - Monday to Thursday | | | |
| | 8 AM - 12 NN - Friday | | | |
| For delivery arrangements, please con | tact the Contract Implementation Unit to confirm the sch | | | |
| Mai2x- | | edule. | | |
| Nadj- | 09954312982 09286163107 | | | |
| Froilan- 6. Terms of Payment: | 09519204261 | | | |
| Payment through LDDAP-ADA (List | 15-30 CD after date of Final Inspection | | | |
| | t of Due and Demandable Accounts Payable-Advice to | Debit Account). | | |
| *Note: Non Land Bank of the Dbu | Ac | count Number: | | |
| 7. Liquidated Damage/Penalty: In case least equal to one-tenth of one perceptual to one-tenth of one perceptual tenth of the courses of action 3. For goods, please indicate brand, mo 4. In case of discrepancy between unit of 0. Please indicate Warranty 1. In case of a tie, the contract shall be | of failure to make full delivery within the time specient (0.01) of the cost of the unperformed portion for the amount of the contract, the Procuring Entand remidies available under the circumstances. del and country of origin. cost and total cost, unit cost shall prevail. | ity may rescind or termi | e the cumulative amount in ate the contract, withou | of it |
| -1/ | | | | |
| ARNEL V. RADAZA | | | | |
| Procurement Officer | | | | |
| - Company Children | | | Supplier | |

Signature over Printed Name

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

PROOF OF RECEIPT

Quotation No: 25-0041-NP-SVP

Items:

Purpose: HFG - 1st Quarter Psychosocial and Therapeutic Activity - Meals

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