

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods/Services

RFQ NO. 2025-03-31-351
DATE: 31-Mar-2025

COMPANY NAME :
COMPANY ADDRESS :
CONTACT PERSON :
CONTACT NO. :
COMPANY TIN :

Sir/Madam:

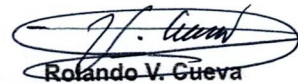
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate **TECHNICAL SPECIFICATIONS** could be basis for non - compliance. Also, furnish us with the descriptive brochures, catalogues, 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.

Please submit this form together with Annex A to **DSWD FO IX BAC OFFICE** on or before

April 4, 2025 @ 9:00am

Very truly yours,


Rolando V. Gueva

Regional Procurement Officer

Terms and Conditions:

PURPOSE	:	FOR THE CONSUMPTION OF SLP PROGRAM PARTICIPANTS IN ZAMBOANGA CITY UNDER DISTRICT 1
PR NUMBER	:	2025-03-28-452
1. Award shall be made on per	:	<input type="checkbox"/> Item Basis <input checked="" type="checkbox"/> Lot Basis
2. Quotation validity	:	30 CALENDAR DAYS FROM BID OPENING
3. Goods shall be delivered on	:	APRIL-JUNE 2025
4. Delivery Area	:	ZAMBOANGA CITY DISTRICT 1
5. Terms of payment	:	W/ IN 60 CALENDAR DAYS AFTER DELIVERY
6. Liquidated Damages/Penalty	:	1/10 of 1% of undelivered portion x No. of days of delay
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.	:	
8. Warranty	:	<u>N/A</u>
9. Performance Security	:	<u>N/A</u>

Please email your accomplished request for quotation and annex a at bacrfq.dswdfo9@gmail.com

(signature over printed name)

Supplier

PHILGEPS NO.: _____

PHILGEPS EXPIRY: _____

COMPANY NAME :
COMPANY ADDRESS :
CONTACT PERSON :
CONTACT NO. :

Section 53.9b - SVP - Goods/Services

ANNEX A: RFQ
RFQ NO. : 2025-03-31-351
DATE : 2025-03-31

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	120	PACKS	1 MEAL AND 2 SNACKS (APRIL 15-18) SAN JOSE GUSU 30 PAX FOR 4 DAYS	463,800.00			
2	120	PACKS	1 MEAL AND 2 SNACKS (APRIL 27-30) TULUNGATUNG 30 PAX FOR 4 DAYS				
3	120	PACKS	1 MEAL AND 2 SNACKS (JUNE 4,5,6,9) SINUBONG 30 PAX FOR 4 DAYS				
4	120	PACKS	1 MEAL AND 2 SNACKS (MAY 16,19,20,21) LIMPAPA 30 PAX FOR 4 DAYS				
5	120	PACKS	1 MEAL AND 2 SNACKS (MAY 22,23,26,27) LABUAN 30 PAX FOR 4 DAYS				
6	120	PACKS	1 MEAL AND 2 SNACKS (MAY 2,5,6,7) CAWIT 30 PAX FOR 4 DAYS				
7	120	PACKS	1 MEAL AND 2 SNACKS (MAY 28-JUNE 2) MAASIN 30 PAX FOR 4 DAYS				
8	120	PACKS	1 MEAL AND 2 SNACKS (MAY 30-JUNE 2,3,4) PAMUCUTAN 30 PAX FOR 4 DAYS				
9	120	PACKS	1 MEAL AND 2 SNACKS (MAY 6-9) SINUNUC 30 PAX FOR 4 DAYS				
10	120	PACKS	1 MEAL AND 2 SNACKS (MAY 8,9,14,15) PATALON 30 PAX FOR 4 DAYS				
			XX				

PURPOSE : FOR THE CONSUMPTION OF SLP PROGRAM PARTICIPANTS IN ZAMBOANGA CITY UNDER DISTRICT 1
PR. NO. : 2025-03-28-452


RHONELIOT
CANASSER

- DOCUMENTS REQUIRED DURING RFQ OPENING:
- 1. Mayor's Permit
 - 2. Philgeps Registration Number
 - 3. Income/Business Tax Return for ABC's Above 500k

(SIGNATURE OVER PRINTED NAME)
SUPPLIER

- DOCUMENT/S REQUIRED BEFORE ISSUANCE OF NOTICE OF AWARD:
- 1. Omnibus Sworn Statement for ABC's Above 50k