



Republic of the Philippines  
 Department of Education  
 Region VI - Western Visayas  
**Division of Silay City**  
 City of Silay



**BIDS AND AWARDS COMMITTEE**

**Request for Quotation (RFQ)**

To all Eligible Suppliers:

- I. Please quote your lowest price inclusive of VAT on item/s listed below, subject to the Terms and Conditions of this RFQ and submit your quotation duly signed by your representative not later than Dec-6, 2018, 9AM at the Office of the Bids and Awards Committee, Division of Silay City, City of Silay. For more information please call at telephone nos. 4584406 / 4417153. Prospective supplier shall be responsible to verify the quoted goods /items from herein stated office thru said telephone numbers. Price quotations in excess of the herein-stated budget shall be rejected.

  
**FEDERICO P. PILLON, JR.**  
 BAC Chairperson

II. **PARTICULARS**

| ABC in Php | Item No. | Quantity | Unit | AGENCY SPECIFICATION  | BRAND OFFERED | Unit Price | Total Price |
|------------|----------|----------|------|---|---------------|------------|-------------|
| 54,000.00  | 1        | 45       | pax  | Supplying conference venue, board and lodging of participants during the conduct of the Year - End Performance Review of DEDP for CID, SGOD and OSDS Personnel  |               |            |             |
|            |          |          |      | <b>Food:</b>  |               |            |             |
|            |          |          |      | <b>AM and PM Snacks (DAY 1)</b>   |               |            |             |
|            |          |          |      | Choice of Pasta, fingerfood, kakanin, sandwich, 1 round of healthy drinks   |               |            |             |
|            |          |          |      | <b>Lunch and Dinner (DAY 1)</b>   |               |            |             |
|            |          |          |      | Choice of 3 viands, soup, dessert, rice, 1 round healthy drinks   |               |            |             |
|            |          |          |      | <b>Breakfast (DAY 2 )</b>   |               |            |             |
|            |          |          |      | choice of 2 viands, egg, fresh fruits, rice, choice of coffee, Tea & drinks   |               |            |             |
|            |          |          |      | <b>Accommodation:</b>   |               |            |             |
|            |          |          |      | Maximum sharing with beds, no double deck beds  |               |            |             |
|            |          |          |      | <b>Other Inclusions:</b>  |               |            |             |
|            |          |          |      | with fiber optic wifi connection  |               |            |             |
|            |          |          |      | unlimited native coffee/hot choco   |               |            |             |
|            |          |          |      | complete PA system  |               |            |             |
|            |          |          |      | welcome tarpaulin and backdrop  |               |            |             |
|            |          |          |      | venue within Bacolod City only  |               |            |             |
|            |          |          |      | PR NO.2018 -382 ABC Php 54,000.00 Venue, board and Lodging of participants and program management team during the conduct of Performance Review of DEDP Seminar for CID, SGOD, and OSDS Personnel on December 12-13, 2018 |               |            |             |

For interested bidders, please submit the following documents together with your quotation: 1) Valid and Current Mayor's Permit (2017); 2) Income/ Business Tax Return; 3) Valid and Current PhilGEPS Registration Certificate/Number; 4) Professional License/ Curriculum Vitae (Consulting Services); 5) PCAB for Infra and; 6) Omnibus Sworn Statement.

|   |  |                                     |                |
|---|--|-------------------------------------|----------------|
| <b>Supplier's Company Name:</b>   |  |                                     |                |
| <b>Address:</b>   |  |                                     |                |
| <b>Tin NO.:</b>   |  | <b>PhilGEPS Registration Number</b> |                |
| <b>Telephone No.:</b>   |  | <b>Fax No.:</b>                     | <b>E-mail:</b> |
| <b>Supplier's Authorize Representative Signature over Printed Name:</b> |  |                                     | <b>Date:</b>   |