# **SCOPE OF SERVICES**

Lease of venue (Function Room Use, Accommodation and meals (full board) for the Southern and Western Mindanao Lending Group Strategic Planning Conference

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Particulars	Budget/Participant
Accommodation	
Full Board Meals- Breakfast, Lunch, Snacks & Dinner (Plate-in/Buffet style)	3,587.50/ participant (all inclusive)
Use of Function Room	
Total Attendees	40 participants

### II. Venue:

- 1. A venue which can accommodate a total 40 participants for an overnight stay, dormitory type/ family rooms and 3 triple sharing rooms for use of Group Head, LC Heads Account Officers and Technical Assistants. Use of function room with complete amenities such as Backdrop, LCD Projector, white screen, microphones and speakers during the whole duration of the said event, planning starts at 10:00am-9:00pm.
- 2. Delivery Date: December 16-17,2021
- 3. Check-In: December 16,2021 (2:00 pm)
- 4. Check-Out: December 17,2021 (11:00am)

### III. Meal/ Food Requirements:

During the duration of stay, supplier to provide the following to wit:

December 16 (Day 1)	December 17 ( Day2)
11:00AM- 12:00PM- Lunch	7:00AM-8:00AM- Breakfast
3:00PM- PM Snacks	
6:00PM- 7:00PM- Dinner	

#### IV. Others:

- 1. Suppliers must have a PhilGeps Registration No., 2021 Mayor's Permit/Business Permit and Certificate of Registration
- 2. Venue follows the Minimum Standard of Health Protocols

Approved By:

SVP ANA MARIE E. VELOSO

Head, SWM Lending Group



# Development Bank of the Philippines REQUEST FOR QUOTATION

 11.12.2021	
Date	

Sir/Madame:

Please quote your lowest price on the items as specified below and submit your quotation signed by your representative not later than December 2, 2021.

Thank you.

FROM: )

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## CONDITIONS OF THE CONTRACT:

- 1. Quotation shall include fees, taxes, and other charges.
- 2. Please enclose the requested quotation in a sealed envelope and submit the same, on this address: 2nd Floor, DBP Building, C.M. Recto Street, Davao City or send via e-mail <a href="mailto:swm-lg@dbp.ph">swm-lg@dbp.ph</a> on or before December 2, 2021.
- 3. The supplier shall ensure that the products delivered are in accordance with the specifications required by DBP. DBP has the right to reject items not according to the required specifications / model.
- 4. DBP may terminate / cancel the PO when the Supplier/ Contractor fails to deliver, perform and comply with its obligation as required for in the contract.
- 5. Delivery Period: The Supplier shall deliver the items within thirty (14) calendar days after receipt of the NTP/PO.
- 6. Point of Delivery: 2nd floor, DBP Building, CM Recto St., Davao City
- 7. DBP reserves the right to reject any and all quotations, to waive any defect in them and to award to the bidder whose price quotation is deemed most advantageous to the Bank. PAYMENT:
- 1. Payment shall be processed after completion of delivery subject to complete documents for payment (e.g. Billing Statement / Statement of Account, Certification of Completion / Acceptance). Issuance of manager's check will be the mode of payment and payment processing will be a maximum of 30 days or as indicated in the Purchase Order.
- 2. For every day delay, 1/10 of 1% of the price of undelivered quantity shall be deducted from the payment, in case the Supplier fails to deliver the items on time.

## OTHER REQUIREMENTS:

Interested Suppliers/Contractors must submit the following prior to awarding of contract:

- 1. PhilGEPS Certificate or PhilGEPS Registration number
- 2. Valid/ current Mayor's / Business Permit
- 3. BIR Certificate of Registration

## For any queries, please feel free to contact the following:

1. KAREN NACIONAL, 09206747008

QTY	UNIT	ABTICLES (DESCRIPTION	UNIT	TOTAL
A CONTRACTOR OF THE PARTY OF TH	40 PAX	ARTICLES / DESCRIPTION	PRICE	AMOUNT
	40 FAX	LEASE OF VENUE-GROUPWIDE PLANNING CONFERENCE WITH ROOM ACCOMMODATION FOR COMMODATION FOR COMMO	ONE NIGHT	
		(INCLUSIVE OF LUNCH, PM SNACK, DINNER AND BREAKFAST, USE OF FUNCTION ROOMS )		
		DATE OF EVENT: December 16-17, 2021		
-		CHECK IN: DECEMBER 16, 2021		
		CHECK OUT: DECEMBER 17,2021		
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COMPANY NAME:	
ADDRESS:	
CONTACT PERSON:	
CONTACT NUMBER:	
SIGNATURE:	