|                              |                                                                  |                                                  | PHILIPPINE POSTAL CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                            |                                            |  |  |  |  |
|------------------------------|------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------|--------------------------------------------|--|--|--|--|
|                              | RFQ# 135-0                                                       | 9-24                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | 10-Sep-                    | -24                                        |  |  |  |  |
| (                            | (Canvass Nur                                                     |                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | (Date                      |                                            |  |  |  |  |
|                              |                                                                  |                                                  | REQUEST FOR QUOTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                            |                                            |  |  |  |  |
|                              | Alama of Do                                                      | \                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
|                              | (Name of De                                                      | aler)                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
|                              | (Address                                                         | ;)                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
| Gentl                        | emen:                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
| qualifi<br>herein<br>Facilit | ied Service Pi<br>n, and to subn<br>ty Buidling, Cl              | roviders/Sumit the said                          | ation through its Bids and Awards Committee - Alternative Methods of Procuuppliers to quote their best offer/price inclusive of all costs and applicable tax displayed by its authorized representative not later than 16 September 16 Committee 16 September 16 Committee 17 September 17 Committee 18 September 18 September 19 Septembe | xes, subject to<br>otember 2024, | the Genera<br>, 10.00 A.M. | al Conditions stated<br>. at the Isolation |  |  |  |  |
| NAME                         | E OF PROJE                                                       | CT:                                              | September 18-20,2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ment and Fia                     | Illing Com                 | referice off                               |  |  |  |  |
|                              | ral Condition                                                    |                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                            |                                            |  |  |  |  |
| 1 2                          | . 37                                                             |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
| 3                            | Authorized F<br>Price validity                                   | •                                                | ative.<br>within 30 working days from the date of submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                            |                                            |  |  |  |  |
| 4                            | ,                                                                | •                                                | chedule stated in the Approved PR/Project Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
| 5                            |                                                                  | •                                                | essed upon completion and acceptance by PHLPost and the submission of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the required su                  | upporting do               | ocuments.                                  |  |  |  |  |
| 6                            | Quotations 6                                                     | exceeding                                        | the ABC shall be automatically rejected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                            |                                            |  |  |  |  |
| 7                            | Bidder/s sha                                                     | all indicate                                     | food menus, and amenities being offered for free.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                            |                                            |  |  |  |  |
| 8                            |                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
|                              |                                                                  |                                                  | Very truly yours,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                            |                                            |  |  |  |  |
|                              | ENGR. RICARDO C. MEDINA, JR. A/Chief, Procurement Division, LPMD |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
|                              | =                                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                            |                                            |  |  |  |  |
| NOTE<br>For iss              | E:<br>sue to Corporat                                            | te Planning [                                    | Denartment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                            |                                            |  |  |  |  |
| Item                         | ABC                                                              | Qty./ Unit                                       | SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                            | ncial Proposal                             |  |  |  |  |
| No.                          | (PhP)                                                            |                                                  | Catering Services for the PHLPost Assessment and Planning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Unit Price                 |                                            |  |  |  |  |
| 1                            | 245,916.00                                                       | 1 Lot                                            | Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comply                           | ₽                          | ₽                                          |  |  |  |  |
|                              |                                                                  |                                                  | Venue: Mega Manila Conference Room, Quezon City Central Post Office, NIA Road, Quezon City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                            |                                            |  |  |  |  |
|                              |                                                                  | <del>                                     </del> | Catering Service: 3 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                            |                                            |  |  |  |  |

| Item | ABC        | Qty./ Unit  | SPECIFICATIONS                                                                                                                                                                |        | Fina       | ncial Proposal |  |
|------|------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|----------------|--|
| No.  | (PhP)      | Qty./ Offic |                                                                                                                                                                               |        | Unit Price | Total Amount   |  |
| 1    | 245,916.00 | 1 Lot       | Catering Services for the PHLPost Assessment and Planning Conference                                                                                                          | Comply | ₽          | ₽              |  |
|      |            |             | Venue: Mega Manila Conference Room, Quezon City Central Post Office, NIA Road, Quezon City                                                                                    |        |            |                |  |
|      |            |             | Catering Service: 3 Days                                                                                                                                                      |        |            |                |  |
|      |            |             | Period: September 18-20,2024                                                                                                                                                  |        |            |                |  |
|      |            |             | Meals for 54 Guaranteed Participants                                                                                                                                          |        |            |                |  |
|      |            |             | 18 September 2024 - AM Snack, Lunch, PM Snack, & Dinner<br>19 September 2024 - AM Snack, Lunch, PM Snack, & Dinner<br>20 September 2024 - AM Snack, Lunch, PM Snack, & Dinner |        |            |                |  |
|      |            |             | **Plated AM & PM Snacks, Managed Buffet Lunch & Dinner                                                                                                                        |        |            |                |  |
|      |            |             | Meals for managed buffet lunch and dinner                                                                                                                                     |        |            |                |  |
|      |            |             | and must consist of (1) soup/appetizer, (1) vegetable dish, choice of any (2) of beef/chicken/fish/pork viand,rice, drinks (juice or soft drinks), and (1) dessert.           |        |            |                |  |
|      |            |             | Meals for AM/PM plated snacks must come with drinks                                                                                                                           |        |            |                |  |
|      |            |             | AM Snack - 9AM<br>Lunch - 12NN                                                                                                                                                |        |            |                |  |
|      |            |             | Dinner - 6 PM Unlimited Coffee and drinking water during the event must be available for the                                                                                  |        |            |                |  |
|      |            |             | duration of activity                                                                                                                                                          |        |            |                |  |
|      |            |             | **Please see attached Terms and Reference for additional requirements                                                                                                         |        |            |                |  |
| хх   | xxxxxx     | xxxxx       | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                        |        |            |                |  |
| otal | 245,910    |             |                                                                                                                                                                               |        |            | PhP            |  |

| Date of Delivery: |                                         |
|-------------------|-----------------------------------------|
|                   | (Signature Over Printed Name of Dealer) |
| Option:           |                                         |
| <u></u>           | (Telephone Number)                      |

Accredited Service Provider/Suppliers may personally obtain the canvass forms/specifications from the Procurement Division, Logistics and Property Management Department, Isolation Facility, CMEC Compound, Domestic Road, Pasay City on the day following the date of this invitation.

The Philippine Postal Corporation reserves the right to reject any and all bids, declare a failure of procurement activities, or not award the PO/Contract at any time prior to its award in accordance with section 41 of RA 9184 and its IRR, without thereby incurring any bidder liability to the affected bidder or bidders.

 $FOR\ FURTHER\ INFORMATION,\ PLEASE\ GET\ IN\ TOUCH\ WITH\ THE\ PROCUREMENT\ DIVISION,\ LPMD\ at\ email\ address,\ saturnino.bernales@yahoo.com.ph$