

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office MiMaRoPa Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2018-11-1558
Date: November 22, 2018

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Company TIN : _____
PhilGEPS Reg. No. : _____

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 information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your Company's Business Permit, PhilGEPS Certificate, latest Income/Business Tax Return and Omnibus Sworn Statement. The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number

Please accomplish and submit this form together with Annex A to DSWD - Procurement Unit at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or fax it through numbers: (02) 336-8106 to 07 loc. 111 or email to: pantawidprocurement4bEmmA@gmail.com not later than 5:00PM on November 28, 2018 (Wednesday).

Very truly yours,


HARVY B. CALABIO
Administrative Officer V
Procurement Section

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered on: Ten (10) days upon received of Approved Purchase Order
- Place of Delivery: Culion, Palawan
- Terms of Payment: within 15-30 days upon final inspection and acceptance
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number : _____
Bank Name: _____ Branch: _____
- **Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"


EMMA JOY O. NOLASCO

Procurement Officer

Tel. No. 336-8106 to 07 loc. 101 & 111 / Cel. No. 0949-4246305

Signature Over Printed Name
(Supplier)

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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RFQ No. 2018-11-1558
 Date: _____

(Should be filled up by suppliers)

MOP: NP-SVP

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
			Purchase of Starter Kit for the Skills Training on Food and Meat Processing for MCCT-IP Beneficiaries			
1	195	pcs	Chopping Knife (medium)			
2	195	pcs	Chopping Board (medium)			
3	195	pcs	Plastic Basin (medium)			
4	10	pcs	Weighing Machine			
5	10	pcs	Electric Meat Grinder			
6	195	pcs	Hand Gloves			
7	195	pcs	Hair Net			
*****NOTHING FOLLOWS*****						
APPROVED BUDGET FOR THE CONTRACT: Pnp157,600.00						
			Point of Delivery: Culion, Palawan			
			Delivery Time: Ten (10) days upon received of Approved Purchase Order			
			Contact Person: Gerald Gray C. Bediones-Provincial Link			
				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification		
				"Failure to indicate information could be basis for non-compliance."		
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PURPOSE: For the use of MCCT-IP Beneficiaries in the Establishment of their Livelihood Micro-enterprise (SSI)
 PR No.: 2018-11-1558
IMPORTANT: The winning bidder **MUST SIGN** the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax.
FAILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

EMMA JOY C. NOLASCO

Procurement Officer

Tel: 336-8106 Local 101/Fax No: 336-8106 Local 111/Email: pantawidprocurement4bEmma@gmail.com

(Signature over printed name)
 Supplier

VAT
 Non-VAT