



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

REQUEST FOR QUOTATION

RFQ No. 2021-03-0210
 Date: MARCH 10, 2021 NP-SVP

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 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, Mayor's 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) 5336-8106 to 07 loc. 24051-52 or email to: lglicop@dswd.gov.ph** not later than **5:00 PM on MARCH 17, 2021**.

Very truly yours,
HARVY B. CALABIO 3/10/2021
 Administrative Officer V
 Procurement Section

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
3. Services shall be delivered on: 7 DAYS UPON RECEIPT OF APPROVED P.O
4. Place of Delivery: PINAMALAYAN, ORIENTAL MINDORO
5. 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**
6. 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.
7. For goods please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate warranty: _____
10. 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"

LORETTA G. LICOP
 Procurement Officer
 Telefax: 5336-8106 to 07 loc. 24051-52

 Signature Over Printed Name
 (Supplier)



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MOP: NP- SVP

Item No.	Qty.	Unit		Bidder's Specifications	Unit Cost	Total Cost
SERVICE PROVIDER						
FOR THE DENTAL EXAMINATION AND TREATMENT						
1	30	pax	TOOTH EXTRACTION			
2	60	pax	TOOTH RESTORATION/FILLING			
3	30	pax	ORAL PROPHYLAXIS/CLEANING			
REQUIRMENTS:						
*Clinic located at						
Pinamalayan, Oriental Mindoro						
*Precautionary Measures for a Virus-Free Environment						
Mode of Payment: GOVERNMENT PROCEDURE						
*****NOTHING FOLLOWS*****						
Contact Person:						
ANALIZA B. ANIGAN						
Mobile No. 0965-5304790						
				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."		
APPROVED BUDGET FOR THE CONTRACT: Php 120,000.00						

PURPOSE: **MEDICAL LABORATORY (DENTAL EXAMINATION) FOR MYC RESIDENTS 2021**

PR No.: **2021-03-0210**

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.

LORETTA B. LICOP
 Procurement Officer
 Telefax: 5336-8106 to 07 loc. 24052

(Signature over printed name)
 Supplier

VAT
 Non-VAT