



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

REQUEST FOR QUOTATION

RFQ No.: 2021-08-0743 Shopping B
Date: August 17, 2021

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. 24052 or email to: nmindar@dswd.gov.ph** not later than **5:00 PM on August 24, 2021 (Monday)**.

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 or Seven days after the receipt of approved P.O
- Place of Delivery: DSWD FO IV-MiMaRoPa, 1680 F.T. Benitez cor., Malvar Sts. Malate, Manila
- 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"**

NADJESA M. INDAR

Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052

Email; nmindar@dswd.gov.ph

Signature Over Printed Name
(Supplier)



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

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"

RFQ No.: 2021-08-0743 Shopping

Date: _____ (should be filled up by suppliers)

MOP: Shopping

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

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
1	24	cart	Ink Cartridge (Tricolor, HP 680)			
2	24	cart	Ink Cartridge (Black, HP 680)			
3	10	pack	Glossy Photopaper A4 Size (10pcs per pack)			
4	10	pack	Matte Photopaper A4 Size (10pcs per pack)			
5	10	box	Highlighter Assorted Color (10pcs per box)			
6	4	pack	Laminating Film A4 250mic/125mic (100pcs per pack)			
7	15	Bottle	Epson 003 Original Ink Bottle 65ml (Black)			
8	15	Bottle	Epson 003 Original Ink Bottle 65ml (Magenta)			
9	15	Bottle	Epson 003 Original Ink Bottle 65ml (Cyan)			
10	15	Bottle	Epson 003 Original Ink Bottle 65ml (Yellow)			
11	2	pcs	Self Inking Stamp Font: Arial, Bold Name Font Size: 12 Designation Font Size: 11 Actual Size: 1"x2 1/2			
			JOBELLE M. MENDOZA ND III - SFPMO Head			
			Font: Arial, Bold Name Font Size: 12 Designation Font Size: 11 Actual Size: 1"x2 1/2			
			PURIFICACION R. ARRIOLA SWO V - PSD Head			
12	2	pcs	Dater Stamp Received (Self Inking)			
13	5	Toner	HP Laserjet, 48A			
			*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract: Php 77,000			
			PAGE 1 OF 1			
				"Failure to indicate information could be basis for non-compliance."		

PURPOSE: Provision of 3rd Quarter Supplies for SFP Use
 PR No.: 2021-08-0743 Shopping

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.

NAJEB A. M. INDAR
 Procurement Officer

Telefax: 5836-8106 to 07 loc. 24052

 (Signature over printed name)
 Supplier

VAT
 Non-VAT