

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE - MIMAROPA

1680 F.T. Benitez Corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

		RFQ No Date:	2021-09-0083 September 28, 2021
O			
Company Name Company Address			
Contact Person	*		
Contact No.	•		
Company TIN	4		
Email Address			
PhilGEPS Reg. No.			
Sir/Madam:			
incidental expenses	overnment price/s including delivery ch for the goods listed in Annex A . Failu mish us with descriptive brochures, ca	re to indicate informa	ation could be basis for non -
	nanufacturer, distributor, or agent in th duly notarized certification to this effect		ods listed in Annex A, please attach
Income/Business T	attach copies of your Company's Bus ax Return and Omnibus Sworn Stat ieu of the Mayor's /Business Permit ar	tement. The Certific	ate of Platinum Membership
maybe submitted in	led of the Mayor's /Business Ferritt at	id FillEGEL G Negis	daton Number
Benitez corner Malva	and submit this form together with Anno ar Sts., Malate, Manila or fax it throu @gmail.com not later than 5:00PM or	gh numbers: (02) 53	336-8107 local 24052 or email to:
KC4Dprocurementz	agmail.com not later than 3:00PM of	11 October 04, 2021	[MOTIDAY].
		,	
		/	Very truly yours,
		/	Mr.
		/	ADIO ALA
			ARVY E CALABIO 7/1/1/11
			rocurement Section
			: 5336-8107 local 24052
Terms and Condition	ons:	10,010	0000 0107 10001 2 1002
Torrito dila contain			XV
1. Award shall be	made on per. item basis	total quoted price	lot basis
Price Validity s	hall be valid until: One Hundred Twe	enty (120) Calendar	days
Services shall	be delivere Five (5) days upon receive	ved of approved P.C	
	ery: DSWD KALAHI Office 1680 F.T		
Terms of Payr	nent: within 15-30 days upon final in	espection and acce	ptance
		mandable Accounts	Payable- Advice to Debit Account)
Account Nam			_Account Number :
Bank Name:	>		_Branch:
"Note: Non L	and Bank of the Philippines accour	nts snall be charged	hin the time sensified above
o. Liquidated Da	mages/Penalty In case of failure to m	least squal to one	tenth of one percent (0.001) of the cost
the upporter	rule inquidated damages shall be at	hall he imposed Or	nce the cumulative amount of liquidated
damages read	the ton percent (10%) of the amou	nt of contract the F	Procuring Entity may rescind or termina
			ies available under the circumstances.
	ase indicate brand, model and country		les available under the chedinstances.
8. In case of disc	repancy between unit cost and total c	ost, unit cost shall pr	evail.
Please indicat			
10. NOTE: "Pros			Sovernment Electronic Procurement nilgeps.gov.ph to register"
IAVEORIZ	. LAGARDE		
	V		Signature Over Printed Name
	nent Officer		
1 el. NO. 5336-	8107 local 24052		(Supplier)



provider.

REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I			_, of
		has received the Request for	
Quotation RFQ No.	2021-09-0083	from DSWD MIMAROPA Region intended for	
Purchase of Fire exting	guishers for office u	ise.	
Certified by:			
(Signature Over Printed Contact: Email Address:	Name of Supplier)		
RFQ Delivered by:			
(Signature Over Printed Position: Date / Time of Delivery:	Name of Canvasser)		
Date / Time of Delivery.	Jan Contraction	with of the desired by the continuous	

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service

Procurement Form No. 04-A (Annex A)



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

Company I Company I Contact Pe Contact No Email Addi Company 1 PhilGEPS	Address erson o. ress TIN		MOP: SHOPPING FOR GO	ious	
No. Q	ty. Unit		Bidder's Specifications	Unit Cost	Total Cost
1 2	2 unit 3 Unit	Fire extinguisher (Dry Chemical) Fire extinguisher (Pure HCFC) Approved Budget Cost: Php 20,000.00 ***Nothig Follows*** ***Page 1 of 1***			
		Place of Delivery: DSWD KALAHI Office 1680 F.T. Benitez Corner Malvar Sts., Malate, Manila			
		Date of Delivery: Five (5) days upon received of approved P.O	on received of approved P.O "Failure to indicate information could be basis for non-compliance."		
from the c	2021-09 NT: The win late advance on or blacklin	se of Fire extinguishers for office use. -0083 ning bidder MUST SIGN the original copy of Purchase Order (P.O.) at a copy was served thru fax. FAILURE to show up and sign the original sting in DSWD's future biddings. YSON B. LAGARDE rocurrement Officer	DSWD FO MIMAROPA Region, Procu P.O. means the bidder is not interest (Signature over printed name)	rement Unit wi	thin three (3) days ground for VAT Non-VAT