



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
FIELD OFFICE - MIMAROPA
1680 F.T. Benitez Corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2021-10-97
Date: October 7, 2021

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Company TIN : _____
Email Address : _____
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) 5336-8107 local 24502 or email to: kc4bprocurement2@gmail.com** not later than **5:00PM on October 11, 2021 (Monday)**.

Very truly yours,

HARVEY B. CALABIO

Administrative Officer V
Procurement Section

Telefax: 5336-8107 local 24052

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 Five (5) days upon receipt of approved P.O.
4. Place of Delivery: DSWD MIMAROPA 1680 Benitez Street corner 1004 General Malvar Street, Malate, Manila
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 sepcified 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"

SHARON F. PASCASIO

Procurement Officer

Tel. No: 5336-8106 Local 101

Signature Over Printed Name
(Supplier)



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

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. 2021-10-97
Date: (should be filled up by suppliers)
MOP: SHOPPING

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

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
1	194	unit	USB Flashdrive (16GB), costumized KALAHI CIDSS marking and logo			
2	29	set	Parchment Paper, 10 pcs per set			
3	7	unit	Printer ink cartrige, black * for hp 680 printer			
4	7	unit	Printer ink cartrige, colored * for hp 680 printer			
5	5	ream	Paper, multicopy, 80gsm, size: 210mm x 297mm (A4)			
****Nothing Follows****						
Date of Delivery: seven (7) days upon receipt of approved Purchase Order						
Place of Delivery: DSWD MIMAROPA 1680 Benitez Street corner 1004 General Malvar Street, Malate, Manila						
Approved Budget Cost: Php 58,300.00				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification		
Page 1 of 1				"Failure to indicate information could be basis for non-compliance."		

PURPOSE: Supplies for the Data Management Training of the KALAHI CIDSS - NCDDP Monitoring and Evaluation Unit

PR No.: 2021-10-97

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 form 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.

SHARON F. PASCASIO

Procurement Officer

Tel: 5336-8106 Local 101/Fax No: 5336-8106 Local 24502/Email: kc4bprocurement2@gmail.com

(Signature over printed name)

Supplier

VAT
 Non-VAT



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of _____ has received the **Request for Quotation RFQ No. # 2021-10-97** from DSWD MIMAROPA Region intended for **Supplies for the Data Management Training of the KALAHI CIDSS - NCDDP Monitoring and Evaluation Unit**

Certified by:

(Signature Over Printed Name of Supplier)
Contact: _____
Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)
Position: _____
Date / Time of Delivery: _____

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