

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

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

## REQUEST FOR QUOTATION

		RFQ No.:	2021-10-0989 NP-SVP
		Date:	OCTOBER 26, 2021
Company Name			
Company Name Company Address	<del>(</del>		
Contact Person	<del></del>		
Contact No.	<del></del>		
Email Address	<del></del>		
Company TIN	<del></del>		
PhilGEPS Reg. No.			
Sir/Madam:			
expenses for the good	rernment price/s including delivery charges, VA is listed in <b>Annex A</b> . Failure to indicate informatic ochures, catalogues, literatures and/or samples	ation could be basi	able taxes, and other incidental is for non - compliance. Also, furnish
If you are exclusive m quotation a duly notat	anufacturer, distributor, or agent in the Philippir rized certification to this effect.	nes for goods listed	d in Annex A, please attach in your
Income/Business Ta	tach copies of your <b>Company's Business Per x Return and Omnibus Sworn Statement.</b> The Mayor's /Business Permit and PHILGEPS Re	ne Certificate of P	Platinum Membership maybe
	d submit this form together with Annex A to DS		
	alate, Manila or fax it through numbers: (02)  v.ph not later than 5:00 PM on NOVEMBER		
Ginegany Prains			
			Very truly yours,
		/	Λ.
		Adr	RVY BALABIO ministrative Officer V 10 2 /200
		Pr	rocurement Section
Terms and Condition	18:		
Award shall be made a Price Validity shall be made.	ade on per: item basis x tota Il be valid until: One Hundred Twenty (120) Cale	I quoted price	lot basis
Services shall be			
4. Place of Delivery:	N 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		r Sts., Malate, Manila)
5. Terms of Paymer			
Payment through	LDDAP-ADA (List of Due and Demandable Acco	ounts Payable- Adv	rice to Debit Account)
Account Name:		CH 441	ber :
Bank Name:		Branch:	
**Note: Non Lan	d Bank of the Philippines accounts shall be cha	rged a service fee	
<ol><li>Liquidated Damas</li></ol>			
the amount of th	e liquidated damages shall be at least equal to	one-tenth of one pe	ercent (0.001) of the cost of
the unperformed	portion for every day of delay shall be imposed	d. Once the cumula	tive amount of liquidated
the contract with	s ten percent (10%) of the amount of contract, t	he Procuring Entity	y may rescind or terminate
7 For goods places	nout prejudice to other courses of action and re- indicate brand, model and country of origin.	medies available u	nder the circumstances.
	ancy between unit cost and total cost, unit cost sha	all provoil	
Please indicate w		ali prevali.	
	ective supplier must be registered at the Philippine	Government Fleatre	nia Procurement System
	EP\$). You may visit the PhilGEPS website at www. p		
	km		
V	TA G. LICOP		
	emen Officer		Signature Over Printed Name
Telefax: 5336-8106 t			( Supplier)
Email: proc.davecord	coro.dswd4b@gmail.com/ dtcorcoro@dswd.gov.ph		

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaropa Region 1680 F.T. Benitez corner Maivar Sts., Maiate, Maniia

No Sy	ote: "F /stem	Prospecti (PhilGEF	ve supplier must be registered at the Philippine Government Electronic 'S). You may vist the PhilGEPS website at www.philgeps.gov.ph to regi	Procurement RFQ No.: 2021-10-0989 ster" Date:	(should be filled up	
ompai				MOP: NP-SVP	by suppliers)	
Company Address				mora in our		
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mail A			1			
ompai	- Co	n eg. No.				
	3 Ke	g. No.	<u>:</u>			
No.	Qty.	Unit		Bidder's Specifications	Unit Cost	Total Cost
			PURCHASE OF FLEXI BOX			
1 1	120	piece	FLEXI BOX, 67 LITERS			
1			SIZE: 68cm x 48cm x 40cm			
			*********NOTHING FOLLOWS**********			
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			THE PROPERTY OF STREET AND ADDRESS OF THE STREET, AND	A TORIZOTA CONTROL OF THE		
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-	-			Note: Please specify brand/ model/ origin		
				Please fill up the space for Bidder's		
				Specification		
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-				1		
				"Fallure to indicate information could be		
			PAGE 1 OF 1	basis for non-compliance."		
			Total Approved Budget for the Contract: Php 90,000.00			
RPOSI R No.: IPORTA Ivance	ANT:	2021-10- The winn	SE OF FLEXI BOX TO BE USED BY COA FOR THE TRANSFER OF FILE 1989 Ing bidder MUST SIGN the original copy of Purchase Order (P.O.) at DS ed thru ax. FAILURE to show up and sign the original P.O. means the	WD FO MIMAROPA Region, Procurement Unit wi	thin three (3) days	from the date
iture bi	dding	18.	Company the strong of the stro	pidder is not interested and will be ground for su		listing in DSWD's
		9	LORETTA 6. LICOP			
			Procurement Officer	(Signature over printed name)		Non-VAT
		Telef	ax: 5336-8106 to 07 loc, 24052	(Signature over printed name) Supplier		