



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

REQUEST FOR QUOTATION

RFQ No. 2021-09-0098  
Date: October 28, 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 24052 or email to: kc4bprocurement2@gmail.com** not later than **5:00PM on November 02, 2021 (Tuesday)**.

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Company TIN : \_\_\_\_\_

Very truly yours,

**HARVY B. CALABIO**  
Administrative Officer V  
Procurement Section  
Telefax: 5336-8107 local 24052

**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 **Five (5) days upon received of approved P.O**
- Place of Delivery: **DSWD KALAHI Office 1680 F.T. Benitez Corner 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 (PhilGEPS). You may visit the PhilGEPS website at [www.philgeps.gov.ph](http://www.philgeps.gov.ph) to register"**

**JAYSON B. LAGARDE**  
Procurement Officer  
Tel. No: 5336-8107 local 24052

\_\_\_\_\_  
Signature Over Printed Name  
(Supplier)



**REQUEST FOR QUOTATION RECEIVING FORM**

I Hereby certify that I \_\_\_\_\_, of

\_\_\_\_\_ has received the **Request for**

**Quotation RFQ No. 2021-09-0098** from DSWD MIMAROPA Region intended for

**For RPMO Office supplies use for 2021 implementation.**

**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.

