

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

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

REQUEST FOR QUOTATION

		RFQ	No.: 2021-10-0999-NP-SVP
		Date	November 2, 2021
ā			
Company Name	<u> </u>	_	
Company Address Contact Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
Contact No.	÷	-	
Email Address	Ÿ	-	
Company TIN		_	
PhilGEPS Reg. No.	N: +		
Sir/Madam:			
expenses for the goo	vernment price/s including delivery ch ds listed in Annex A . Failure to indica ochures, catalogues, literatures and/o	te information could b	e basis for non - compliance. Also, furnish
	nanufacturer, distributor, or agent in the crized certification to this effect.	e Philippines for good	s listed in Annex A, please attach in your
Income/Business Ta	ttach copies of your Company's Busi ax Return and Omnibus Sworn State te Mayor's /Business Permit and PHILO	ement. The Certificat	
Please accomplish ar	nd submit this form together with Anne	ex A to DSWD - Procu	rement Unit at 2nd Floor 1680 F.T. Benitez
corner Malvar Sts., M	lalate, Manila or fax it through numb	pers: (02) 5336-8106	to 07 loc. 24052 or email to:
		The second secon	not later than 5:00 PM on November 9,
2021 (Tuesday).			-/
			Very ruly yours,
		4	HARVY EXCALABIO Administrative Officer V Procupinent Section
Terms and Condition	ons:		,
1. Award shall be m	nade on per: litem basis	x total quoted price	lot basis
2. Price Validity sha	all be valid until: One Hundred Twenty		
Services shall be			
Place of Delivery		CARLO AND	CONTRACTOR OF THE CONTRACTOR OF THE STATE OF THE CONTRACTOR OF THE
5. Terms of Payme			
State of the state	LDDAP-ADA (List of Due and Demand	and the second s	A STATE OF THE STA
Account Name: Bank Name:		CAN TOTAL CO.	nt Number :
200000000000000000000000000000000000000	nd Bank of the Philippines accounts st	Branch:	
6. Liquidated Dama			thin the time specified above,
	he liquidated damages shall be at leas		
C 70-24-67 (T-07-07-17-14-14-14-14-14-14-14-14-14-14-14-14-14-	d portion for every day of delay shall b		
	es ten percent (10%) of the amount of		
	thout prejudice to other courses of act		
	e indicate brand, model and country of ori	-T-0.10 (1) (1)	
	pancy between unit cost and total cost, un	nit cost shall prevail.	
9. Please indicate v			
	pective supplier must be registered at the I		and the same of th
Philo	EPS). You may visit the PhilGEPS website	at www. philgeps.gov.p	to register"
1/	16-		
DAVE	T. CORCORO		
A STATE OF THE STA	rement Officer		Signature Over Printed Name
Telefax: 5336-8106			(Supplier)

Email: proc.davecorcoro.dswd4b@gmail.com/ dtcorcoro@dswd.gov.ph

Procurement Form No. 04-A (Annex A)

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

Note: "Propportive	supplier must be registered at the Philippine Government Electronic	RFQ No.: 2021-10-0999-NF	CVD		
). You may vist the PhilGEPS website at www.philgeps.gov.ph to register		(should be filled up		
pany Name		MOP: NP- SVP	by suppliers)		
pany Address					
act Person					
tact No.					
il Address :					
pany TIN :					
GEPS Reg. No.					
Qty. Unit		Bidder's Specifications	Unit Cost	Total Cost	
218 piece 0	CBS PERSONAL ORGANIZER JOURNAL		24.000-225	A CONTRACTOR OF THE PARTY OF TH	
	Specifications:				
	> Size: 4.5" (W) x 7" (H) > Color: Full Color				
	> No. of Sheets: 100				
	> Printing: Two-Sided		_		
	> Binding: Hardbound with elastic closure				
	> Finish: Matte Lamination				
	> Leather Case with Compartments				
	>>>> NOTHING FOLLOWS <<<<		-		
	Date of Delivery: Fifteen (15) days upon receipt of approved final sample				
	Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez				
	cor. Malvar Sts., Malate, Manila)				
		1			
		1			
		11			
		"Failure to indicate information could	be		
	PAGE 1 OF 1	dasis for non-compliance."			
	Total Approved Budget for the Contract: Php174,400.00	/			
POSE: Reproduc	tion of Capability Building Section (CBS) Personal Organizer Journal fo	r Distribution to Local Social Welfare a	nd Development Offic	(LSWDO), Field	
	VD L-Net and CGS Members. 1999-NP-SVP				
	ing bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSW	D FO MIMAROPA Region, Procurement	Unit within three (3) e	lavs from the date	
nce copy was serv	ed thru fax. FAILURE to show up and sign the original P.O. means the bio	der is not interested and will be groun	d for suspension or b	lacklisting in DS\	
e biddings.					
1)	~//~			VAT	
1/			-	4.956.4	

Telefax: 5336-8106 to 07 loc. 24052

(Signature over printed name) Supplier