

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

## REQUEST FOR QUOTATION

		RFQ No.:	2021-11-1072-SHOPPING
		Date:	November 17, 2021
Company Name	<u>*</u>		
Company Address			
Contact Person	<u>:                                    </u>		
Contact No.	· <u>\$</u>		
Email Address	1		
Company TIN	<u>.</u>		
PhilGEPS Reg. No.	V <del>2</del>		
Sir/Madam:			
expenses for the goo	overnment price/s including delivery charges, ods listed in <b>Annex A</b> . Failure to indicate info iptive brochures, catalogues, literatures and/o	rmation could be	basis for non - compliance. Also,
If you are exclusive r	nanufacturer, distributor, or agent in the Philipy notarized certification to this effect.	ppines for goods	listed in Annex A, please attach in
S 0			
Income/Business T	attach copies of your Company's Business ax Return and Omnibus Sworn Statement he Mayor's /Business Permit and PHILGEPS	t. The Certificate	of Platinum Membership maybe
Please accomplish a	and submit this form together with Annex A to	DSWD - Procure	ment Unit at 2nd Floor 1680 F.T.
Benitez corner Malva	ar Sts., Malate, Manila or fax it through nun	nbers: (02) 5336-	8106 to 07 loc. 24052 or email to:
	o.dswd4b@gmail.com/ dtcorcoro@		
24, 2021 (Wednesd			**************************************
24, 2021 (Wednesd	471.		
		,	Very truly yours,
		/	
		/	X/
		Ac	ARVAS. CALABIO
		H	Procurement Section
Terms and Condition	ons:		
Award shall be r	made on per:   Titem basis   x tot	tal quoted price	lot basis
	all be valid until: One Hundred Twenty (120) C		
3 Services shall be	e delivered on: Seven (7) days upon receipt o	f approved Final F	Proof
Place of Deliver		I. Del Pilar St., Bro	y. 7, San Jose, Occidental Mindoro)
5. Terms of Payme		and acceptance	
Payment throug	h LDDAP-ADA (List of Due and Demandable A	Accounts Payable	- Advice to Debit Account)
Account Name			Number:
Bank Name:		Branch:_	
**Note: Non La	nd Bank of the Philippines accounts shall be	charged a service	e fee
6. Liquidated Dam	ages/Penalty: In case of failure to make f	ull delivery within	the time specified above,
the amount of	the liquidated damages shall be at least equa	I to one-tenth of o	ne percent (0.001) of the cost of
the unperforme	ed portion for every day of delay shall be impo	osed. Once the cu	mulative amount of liquidated
damages reach	nes ten percent (10%) of the amount of contra	ct, the Procuring	Entity may rescind or terminate
the contract wi	thout prejudice to other courses of action and	d remedies availa	ble under the circumstances.
<ol><li>For goods pleas</li></ol>	se indicate brand, model and country of origin.	CONTRACTOR CONTRACTOR	
	epancy between unit cost and total cost, unit cos	t shall prevail.	
9. Please indicate	warranty:	na Cavarrment Flac	stronic Procurement System
10. NOTE: "Pros	pective supplier must be registered at the Philippin	ne Government Elec	rogietor"
(Philo	GEPS). You may visit the PhilGEPS website at www	v. pniigeps.gov.ph to	register
(,)			
1/-	7.0		
	T. CORCORO		Cianatura Over Bristed Name
	rement Officer		Signature Over Printed Name
Telefax: 5336-810	6 to 07 loc. 24052		( Supplier)

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

## Procurement Form No. 04-A (Annex A)

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: "I System	Prospecti (PhilGEF	ve supplier must be registered at the Philippine Government Electronic PS). You may vist the PhilGEPS website at www.philgeps.gov.ph to register	" Date:	Malate, Manila  RFQ No.: 2021-11-1072-SHOPPING  Date: (should be filled up by suppliers)		
company Name company Address contact Person contact No. mail Address company TIN		:	MOP: NP- SVP	, s., p., s.,		
m Qty.	Unit		Bidder's Specifications	Unit Cost	Total Cost	
200	24/22/201	PAPER, MULTICOPY, 70gsm, size: 210mm x 297mm (A4)				
55	ream	PAPER, MULTICOPY, 80gsm, size: 216mm x 330mm (Legal)				
40	bottle	EPSON INK, 664 Black STAPLER, Standard w/ staple wire remover, Heavy duty				
5 20	box	STAPLE WIRE, Standard				
5 50		CORRECTION TAPE, 6 meter, individual plastic		-		
7 10	box	BALLPEN, Black, 0.5mm, 12s/box  PUNCHER, for paper, heavy duty with two hole guide				
20	box	GEL PEN, Black, liquid gel ink, 0.5mm needle tip 2pcs/b 0x				
		>>>> NOTHING FOLLOWS <<<<				
		Durchase				
+	-	Date of Delivery; Seven (7) days upon receipt of approved Purchase Order (PO)				
		Area of Delivery: SWADT Occidental Mindoro Office (M.H. Del Pilar St.,				
		Brgy. 7, San Jose, Occidental Mindoro)				
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	-		"Failure to indicate information could b	e		
		PAGE 1 OF 1	basis for non-compliance."			
		Total Approved Budget for the Contract: Php86,200.00				
RPOSE:	2021-1	ase of Office Supplies for the use of AICS-SWADT Occidental Mindoro Staf 1-1072-SHOPPING Inning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSI erved thru fax. FAILURE to show up and sign the original P.O. means the b	ND FO MIMAROPA Region, Procurement	Unit within three (3 d for suspension o	i) days from the r blacklisting in	
SWD's fut	opy was s ture biddi	ings:				
www.mirstoid.com		1/1-1-1-5			VAT	
		DAVE T. CORCORO			Non-VAT	
		Procurement Officer	(Signature over printed name) Supplier			