



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office MiMaRoPa Region
 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2021-12-1148 NP-SVP
 Date: December 14, 2021

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

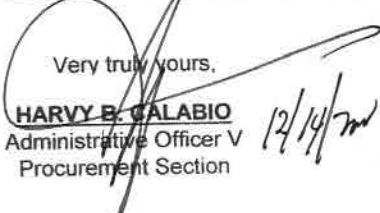
Sir/Madam:

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, Mayor's 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) 5336-8106 to 07 loc. 24052 or email to: nmindar@dswd.gov.ph** not later than **5:00 PM on December 17, 2021 (Friday)**.

Very truly yours,

HARVY B. GALABIO
 Administrative Officer V
 Procurement Section

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 on: at least 7 days after approval of Purchase Order
- Place of Delivery: DSWD MIMAROPA - 1680 F.T. Benitez Street Cor. General Malvar, 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 System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"**


NADJEB A. M. INDAR
 Procurement Officer
 Telefax: 5336-8106 to 07 loc. 24052

 Signature Over Printed Name
 (Supplier)



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RFQ No.: 2021-12-1148 NP-SVP

Date: _____ (should be filled up by suppliers)

MOP: NP-SVP

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

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
1	150	Pcs	Certificate Frames Specification: Size: for A4 certificate Orientation: Landscape Color: Black *1st draft/delivery(3 days upon receipt of P.O.) **2nd draft/delivery (ASAP with corrected output if any) ***3rd delivery (complete delivery) on or before _____ *****NOTHING FOLLOWS***** Approved Budget for the Contract: Php 45,000.00 Contact Person: Ms. Dana Sophia M. Alonzo Contact Number: 9176274078			
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				"Failure to indicate information could be basis for non-compliance."		

PURPOSE: Provision of Certificate Frames for Supplementary Feeding Program 10th Cycle Regional Awarding Ceremony

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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 from the 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.


NADJERA M. INDAR
 Procurement Officer
 Telefax: 5336-8106 to 07 loc. 24052

 (Signature over printed name)
 Supplier

VAT
 Non-VAT