



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

REQUEST FOR QUOTATION

RFQ No. 2022-03-0050 SHOPPING
Date: _____

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

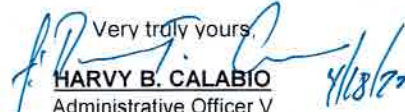
Sir/Madam:

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: kc4bprocurement2@gmail.com** not later than **5:00 PM on April 22, 2022 (Friday)**.

Very truly yours,

HARVY B. CALABIO
Administrative Officer V
Procurement Section Head

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: 5 Working Days upon receipt of Purchase Order
- Place of Delivery: DSWD FO IV - MiMaRoPa, 1680 F.T Benitez Cor., Malvar st., 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"

JERIGHO C. GAGA-A

Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09652364341

Signature Over Printed Name
(Supplier)



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

RFQ No. 2022-03-0050
 Date:

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

MOP: SHOPPING

Item No.	Qty.	Unit	Item Description	Bidder's Specifications	Unit Cost	Total Cost
1	500	boxes	KF94 Face Mask - 50 pcs, 3 Ply ASTM Level 3			
2	61	galon	Isopropyl Alcohol - 70% Solution			
3	150	packs	Tissue Paper 12 rolls/pack			
4	500	bottles	Antibacterial Liquid Hand Soap - 500 ml (pump type)			
5	120	pieces	Disinfectant Spray			
6	4	sets	Office First Aid Kit (complete set with FA cabinet)			
			Approved Budget Cost: 192,000.00			
<p>Date of Delivery: 5 days upon receipt of the approved PO Place of Delivery: DSWD FO IV - MiMaRoPa, 1680 F.T Benitez Cor., Malvar st., Malate, Manila. Contact Person: Jericho C. Gaga-a Contact Number: 09652364341</p> <p>Approved Budget for Contract: Php Php 192,000.00 (One Hundred Ninety Two Thousand Pesos only)</p>						
Page 1 of 1				<p>"Failure to indicate information could be basis for non-compliance." Please indicate the brand being offered</p>		

PURPOSE: Purchase of Medical Supplies for KC-NCDDP Regional Program Management Team use.

PR No.: 2022-03-0050

JERICHO C. GAGA-A
 Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052
 Contact Number: 09652364341

 (Signature over printed name)
 Supplier

VAT
 Non-VAT

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. 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.



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. **2022-03-0050** from DSWD MIMAROPA Region intended for the

Purchase of Medical Supplies for KC-NCDDP Regional Program Management Team use.

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.