



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

REQUEST FOR QUOTATION

RFQ No. 2022-08-0163 SHOPPING B

Date: August 25, 2022

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

Sir/Madam:

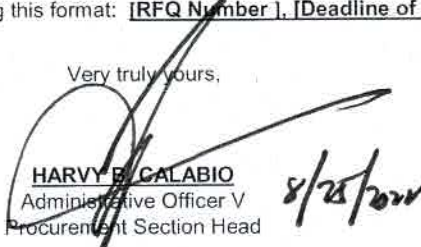
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or 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, PCAB License, PhilGEPS Certificate, latest Income/Business Tax Return and Omnibus Sworn Statement. The Certificate of Platinum Membership may be 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 MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: jblagarde@dswd.gov.ph not later than **5:00 PM on August 30, 2022 (Tuesday)**. Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: **[RFQ Number], [Deadline of Submission]**.

Very truly yours,


HARVEY B. GALABIO
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: 7-15 CD after receipt of approved Purchase Order
- Place of Delivery: DSWD FO IV - MiMaRoPa, 1680 F.T Benitez Cor., Malvar Sts. Malate, Manila
- Terms of Payment: within 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 "**

JAYSON B. LAGARDE
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 0919-486-1186

Signature Over Printed Name
(Supplier)



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. 2022-08-0163 from DSWD MIMAROPA Region intended for the

Purchase of Office Supplies for KC-NCDDP Regional Program Management Team use. (4th quarter)

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.



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RFQ 2022-08-0163 SHOPPING B

Date: _____ (should be filled up by supplier)

MOP: SHOPPING B

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

Item No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided)	Unit Cost	Total Cost	
1	5	boxes	BALL POINT PEN, Black, 0.5mm, 50s/box				
2	20	boxes	SIGN PEN, BLACK, liquid/gel ink, 0.5mm needle tip (12 pcs/box)				
3	20	boxes	SIGN PEN, BLUE, liquid/gel ink, 0.5mm needle tip (12 pcs/box)				
4	10	units	CALCULATOR, Compact, Electronic, LCD Display, 12 Digits, Two-Way Power Source (Solar and Cell)				
5	186	pieces	CORRECTION TAPE, Disposable, Gear Type, Single Line Tape, 8 meters (min), 5mm width,				
6	18	pieces	SCISSORS, symmetrical, blade length: 65mm, 1 piece				
7	40	boxes	INDEX TAB(FLAGLETS), self-adhesive, 5 set/box, assorted colors				
8	16	pieces	STAPLE REMOVER, plier type				
9	186	pieces	Sign Here sticky notes, one pack has 5 colors approx 100pcs per pack, neon translucent type sticky note signs				
10	300	reams	PAPER, MULTICOPY, 80gsm, size: 210mm x 297mm (A4)				
11	22	boxes	Stand file box (magazine file box)				
12	13	boxes	Staple wire NO.35				
13	70	boxes	Flexi-Box, 67 liters, with wheels and lock handle side				
14	25	boxes	CLIP, Backfold, 25mm, 1", 12s/box				
15	25	boxes	CLIP, Backfold, 51mm, 2", 12s/box				
16	1	boxes	FOLDER, PRESSBOARD, size: legal, 50 pieces/box, red color				
17	20	boxes	Desk file organizer, metal, 3 layers, black colored				
Nothing Follows							
Page 1 of 1							
TOTAL APPROVED BUDGET FOR THE CONTRACT:							
One Hundred Fifty Nine Thousand Three Hundred Fifty Two Pesos Only							
(Php 159,352.00)							
					Note: Please specify brand model/origin .Please fill up the space for Bidder's specification		
					"Failure to indicate information could be basis for non-compliance."		

PURPOSE: Purchase of Office Supplies for KC-NCDDP Regional Program Management Team use. (4th quarter)

PR No.: 2022-08-0163

VAT
 Non-VAT

 (Signature over Printed name)
 Supplier

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.