



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

REQUEST FOR QUOTATION

RFQ No. 2022-09-0963 SHOPPING B

Date: September 22, 2022

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

Sir/Madam:

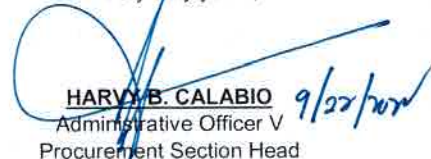
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or 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: maediones@dswd.gov.ph not later than **5:00 PM on September 29, 2022 (Thursday)**. 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 2022-09-0963, September 29, 2022**.

Very truly yours,


HARRY B. CALABIO 9/22/2022
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: 30 CD after receipt of approved Purchase Order
- Place of Delivery: DSWD MIMAROPA (1680 F.T. Benitez cor. Malvar St., 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 "


MARK ANTHONY E. DIONES

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09565162748

Signature Over Printed Name
(Supplier)



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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
			Activity: Procurement of Office Supplies of SLP-RPMO for 4th Quarter of CY 2022			
			Delivery Date: Within 30 Calendar Days Upon receipt of approved Purchase Order			
			Delivery Venue: SLP Office DSWD IV MIMAROPA (1680 F.T. Benitez cor. Malvar St., Malate, Manila)			
			Contact Person: Princess Amerah G. Lucman, Project Development Officer II (Administrative Officer IV)			
			Contact No.: 0908-698-6695			
1	13	Piece	Storage Box, Plastic with cover, 67 Liters High Density Polyethylene, Very Durable, and impact resistant Dimension: 61.5cm (L) x 43.5cm (W) x 35.5cm (H)			
2	10	Bottle	Epson 300 Eco Tank Replacement Ink, Color Black, 65ml			
3	15	Piece	Scissors, Stainless steel, 8 Inches			
4	3	Bottle	Permanent Marker Refill Ink, Color Black 30ml			
5	6	Pack	Sticker Paper, A4 Size, Matte, 80gsm 20 sheets/pack			
6	6	Pack	Sticker Paper, A4 Size, Glossy, 80gsm 20 sheets/pack			
7	2	Piece	Whiteboard, Magnetic, Wall-type 48 in x 72in			
8	36	Pad	Sign Here Sticky Flags, 25.4mm (W) x 43.2mm (L), 50 Flags/Pad			
9	10	Box	Liquid Ink Rollerball pen, tip size: 1mm, Writing Width:0.06mm, Ink Color: Black 12pcs/box			
10	10	Box	Liquid Ink Rollerball pen, tip size: 1mm, Writing Width:0.06mm, Ink Color: Blue 12pcs/box			
11	10	Box	Ball Point Pen, Smooth writing, 0.5mm tip, color black 12pcs/box			
12	10	Box	Ball Point Pen, Smooth writing, 0.5mm tip, color blue 12pcs/box			
13	2	Box	Carbon Paper, Ultra Black, 8.5in x 13in, 100 sheets/box			
14	2	Box	Carbon Paper, Ultra Black, 8.5in x 11in, 100 sheets/box			
15	2	Box	Carbon Paper, Ultra Blue, 8.5in x 13in, 100 sheets/box			
16	2	Box	Carbon Paper, Ultra Blue, 8.5in x 11in, 100 sheets/box			
17	20	Piece	Staple Wire Remover, Plier type, Heavy Duty, Push Style			
18	6	Box	Pencil, 4B, With eraser, 12 pencils/box			
19	3	Pack	Microfiber towels, 12 in x 12 in, 12pcs/packs			
20	13	Piece	Personal Self-Inking stamp, 4 lines 28 Characters maximum per line			
21	3	Piece	Personal Self-Inking stamp, 3 lines 28 Characters maximum per line			
22	2	Piece	Customized "Received" Self Inking Stamp, 6 lines, 28 characters Maximum per line.			
23	20	Pack	Chicago Binding screws, Length: 70mm 10 Pieces/Pack			
24	24	Piece	Correction tape, 5mm x 10m			
25	24	Pad	Sticky Pad, 2"x3" 100 Sheets/Pad			
			*** Nothing Follows***			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Ninety-One Thousand Three Hundred Thirty Pesos Only			
			(Php 91,330.00)			
				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: For The Use of SLP RPMO Staff

PR No.: 2022-09-0963 SHOPPING B

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.