

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

		RFQ No. 2022-09-1012 SHOPPING B
		Date: October 7, 2022
Company Name	ř.	
Company Address	:	
Contact Person	1	
Contact No.	T.	
Email Address	100	3
Company TIN		
PhilGEPS Reg. No.		
The same was a second of the s		
Sir/Madam:		
expenses for the good	ds listed in Annex A. Failure to in	y charges, VAT or other applicable taxes, and other incidental indicate information could be basis for non -compliance. Also, ures and/or samples, if applicable.
	nanufacturer, distributor, or agent in rized certification to this effect.	n the Philippines for goods listed in Annex A, please attach in your
Certificate, latest Inc	come/Business Tax Return and	Business Permit, Mayor's Permit , PCAB License, PhilGEPS Omnibus Sworn Statement. The Certificate of Platinum usiness Permit and PHILGEPS Registration Number.
1680 F.T. Benitez cor October 14, 2022 (Fr	rner Malvar Sts., Malate, Manila <u>or</u> riday). Quotations submitted to diff	nnex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor remail to: maediones@dswd.gov.ph not later than 5:00 PM on ferent email address(es) as stated above shall not be considered for the title of the Project using this format: RFQ 2022-09-1012, October
14, 2022.		
	5	Very truly yours,
		HARVY B CALABIO Administrative Officer V
		HARVY B CALABIO
Quantification was		Procurement Section Head
Terms and Conditio	ns:	
1. Award shall be	made on per: litem basis	X total quoted price lot basis
2. Price Validity sh	nall be valid until: One Hundred T	wenty (120) Calendar days
3. Services shall b	W100 W Ref(180e) 120	ipt of approved Purchase Order
	rerealing and recover. The prefer properties	
Place of Deliver		. Benitez cor. Malvar St., Malate, Manila)
5. Terms of Paym		inspection and acceptance
		Demandable Accounts Payable- Advice to Debit Account)
Account Name	1.	Account Number :
Bank Name:	TW T FIT WITH T	Branch:
		ounts shall be charged a service fee
Liquidated Dam		ilure to make full delivery within the time specified above,
the amount of	the liquidated damages shall be	e at least equal to one-tenth of one percent (0.001) of the cost of
		y shall be imposed. Once the cumulative amount of liquidated
		ount of contract, the Procuring Entity may rescind or terminate
		s of action and remedies available under the circumstances.
	se indicate brand, model and coun	
	epancy between unit cost and tota	i cost, unit cost snali prevali.
Please indicate		A A B B B B B B B B B B B B B B B B B B
10. NOTE: "Pros (Phil	spective supplier must be regist GEP3). You may visit the PhilGE	ered at the Philippine Government Electronic Procurement System PS website at www. philgeps.gov.ph to register "
6	bli "	ar man na againmeachtain in na mhainn an 1860 ann amhainn aire a 1860 (1870 1885) 1885 (1885). I
164	a parting	
MARKAN	THONY E. DIONES	
	6 to 07 6c/24052	Signature Over Printed Name
Contact Number:		(Supplier)



Contact No. Email Address

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

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

Company Name

Company Address
Contact Person

Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS

Date:

(should be filled up by suppplier)

MOP: SHOPPING B

Company PhilGEPS						
Item No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided)	Unit Cost	Total Cost
1/	50	Cartridge	Ink Cartridge, HP, #680, Black			
2	50	Cartridge	Ink Cartridge, HP, #680, Tricolor			
3 /	15	Bottle	Ink Cartridge, Epson L-5190 series, 003, Black			
4/	10	Bottle	Ink Cartridge, Epson L-5190 series, 003, Cyan			
5	. 10	Bottle	Ink Cartridge, Epson L-5190 series, 003, Magenta			
6	10	Bottle	Ink Cartridge, Epson L-5190 series, 003, Yellow			
7 1	50	Set	Marker, Flourescent type, 3 colors per set			
8	10	Reams	Parchment Paper, A4, 85 GSM, color: cream, 100pieces/ream			
9	30	Piece	Clearbook, 20 pockets, legal size, color: red, pink and green, refillable (10pieces per color)			
10	, 3	Set	Clearbook refill pocket, transparent,plastic,legal size,20pieces/set			
11	100	Set	Arrow Flag/Note Flag, sign here, adhesive, assorted color			
12	50	Box	Clip,backfold,50mm (2"), 12pieces/box			
13	50	Piece	Data Folder, made of chipboard, with taglia lock, color: blue and black (25 pieces per color)			
14	500	Reams	Paper, multi copy paper, A4 size, 80 gsm			
15	100	Piece	Manila Paper	- V		
16	30	Pack	Battery, AA, 2 pieces/pack			
17	10	Bottle	Stamp Pad Ink, black, 50ml			
18	20	Piece	Calculator, 12 digits, casio			
19-	20	Piece	Cutter, retractable, Heavy duty			
20_	100	Roll	Tape, transparent, 24mm (1")			
21	20	piece	Tape Cassette, Laminated, 24mm, Black on white tape 8m, Tze-251, for barcode sticker			
			*** Nothing Follows***			
			Target Dalivery: 7 CD after receipt of approved Purchase Order			
			Delivery Place: Delivery Place: DSWD MIMAROPA (1680 F.T. Benitez cor. Malvar St., Malate, Manila)			
	- 8		TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Two Hundred Seventy-Four Thousand One Hundred Fifty Pesos Only)		
			(Php 274,150.00)			
	in l	1125400		Note: Please specify brand model/origin .Please fill up the space for Bidder's specification	40	
				"Failure to indicate information could be basis for non-compliance."		

PURPOSE	:

Additional office supplies for the use of all Division in DSWD FO IV-MIMAROPA (4th quarter of 2022 use)

PR No.:

2022-09-1012 SHOPPING B

	VAT Non-VAT
(Signature over Printed name)	NOII-VAI
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.