



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

REQUEST FOR QUOTATION

RFQ No. 2022-10-1067 Shopping-B
 Date: October 10, 2022

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

Sir/Madam:

Please quote your government prices 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: ejcnolasco@dswd.gov.ph or ph@dswd.gov.ph not later than 5:00 PM on October 14, 2022 (Friday). 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].

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days lot basis
3. Services shall be delivered on: 15 Calendar Days upon receipt of Approved Purchase Order

4. Place of Delivery: Pantawid Provincial Operation Office, T. Del Mundo St., Brgy. Malusak, Boac, Marinduque
5. 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: _____
 Branch: _____

**Note: Non Land Bank of the Philippines accounts shall be charged a service fee
 in case of failure to make full delivery within the time specified above,
 6. Liquidated Damages/Penalty: _____
 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.

7. For goods please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate warranty.
10. 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"

EMMA JOY G. NOLASCO
 Procurement Officer
 Telephone: 5336-8106 to 07 loc. 24051-52
 Contact Number: 0999-4602492

Signature Over Printed Name _____
 (Supplier)

Very truly yours,

 HARRY B. CALABIO
 Administrative Officer V
 Procurement Section Head



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MIMAROPA Region
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RFQ 2022-10-1067 Shopping-B

Date: _____ (should be filed up by supplier)

MOP: Shopping-B

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

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGFS). You may visit the PHILGFS website at www.philgfs.gov.ph to register.

Item No.	Qty.	Unit	PARTICULARS	Bidder's Specifications in the (Please fill out the specifications in the space provided)	Unit Cost	Total Cost
1	40	ream	Paper, Multicopy, A4, 80gsm			
2	12	bottle	Epson #005 Black			
3	25	piece	Flexi Storage Box, 67 liters			
*****NOTHING FOLLOWS*****						
TOTAL APPROVED BUDGET FOR THE CONTRACT:						
Thirty Seven Thousand Three Hundred Pesos Only (Php37,300.00)						
				"Failure to indicate information could be basis for non-compliance."		
				Note: Please specify brand model/origin. Please fill up the space for Bidder's specification		

PURPOSE: SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR THE PRINTING OF PANTAWID FORMS (VALIDATION, CV FORMS AND OTHERS)

PR No.: 2022-10-1067

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.