



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

REQUEST FOR QUOTATION

RFQ No. 2022-10-1069 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 Platinium 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: [efcnolasco@dswd.gov.ph](mailto:efcnolasco@dswd.gov.ph) or [ph@dswd.gov.ph](mailto:ph@dswd.gov.ph) not later than 5:00 PM on October 14, 2022 (Friday). Quotations submitted to different email addresses) 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:

- 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: 15 Calendar Days upon receipt of Approved Purchase Order
- Place of Delivery: Pantawid Provincial Operation Office, MH Del Pilar St., Brgy. 7, San Jose, Occidental Mindoro
- Terms of Payment: within 30 days upon final inspection and acceptance

Payment through LBDAP-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**  
 6. 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.

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](http://www.philgeps.gov.ph) to register."

ADRIAHN M. BERNULLA  
 Procurement Officer  
 Telephone: 5336-8106 to 07 loc. 24051-52  
 Contact Number: 0999-4602492

Signature Over Printed Name \_\_\_\_\_  
 (Supplier)



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RFQ 2022-10-1069 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	70	ream	Paper, Multicopy, A4, 80gsm			
2	20	bottle	Epson Ink #005 Black			
3	5	cart	Brother Ink LC3617 Black			
4	4	cart	Brother Ink LC3617 Cyan			
5	4	cart	Brother Ink LC3617 Magenta			
6	4	cart	Brother Ink LC3617 Yellow			
7	45	piece	Flexi Storage Box, 67 Liters			
<p>.....NOTHING FOLLOWS.....</p> <p>TOTAL APPROVED BUDGET FOR THE CONTRACT:</p> <p>Sixty Six Thousand Five Hundred Pesos Only</p> <p>(Php66,500.00)</p>						
				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: SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR THE PRINTING OF PANTAWID FORMS (VALIDATION, CV FORMS AND OTHERS)

PR No.: 2022-10-1069

(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.