

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

## REQUEST FOR QUOTATION

			RFQ No.	2023-04-0580-NP-SVP April 11, 2023
Company Name	*			
Company Address	1	#?		
Contact Person	+			
	±			
Contact No.				
Email Address				
Company TIN				
PhilGEPS Reg. No.				
Sir/Madam:				
expenses for the goo	ds listed in Annex		ion could b	olicable taxes, and other incidental be basis for non -compliance. Also, icable
If you are exclusive r quotation a duly not		HENERAL IN THE THAT SHEET IN THE SECURITY OF THE SECURITY SHEET SHEET IN THE SECURITY SHEET SHEET SHEET SHEET	for goods li	sted in Annex A, please attach in your
PhilGEPS Certificat Statement in accorduly notarized Omnit	te, latest Income/b dance with the att ous Sworn Statemen	Business Tax Return and a nota	arized or un B If award otarized T	ded , please submit immediately the he Certificate of Platinum
Floor 1680 F.T. Beni later than 5:00 PM of	tez corner Malvar on April 18, 2023 ( red for evaluation	Sts., Malate, Manila or email to: Tuesday). Quotations submitted Please indicate in the subject of y	procureme to different	PA Region -BAC Secretariat at 2nd ent.fomimaropa@dswd.gov.ph not email address(es) as stated above the title of the Project using this format Very truly yours,
			1	250
			1.1	1. CT
			/ <u>H</u>	ARVY B. CALABIO 4/11/2023
				ministrative Officer V
			Proc	urement Section Head
Terms and Condition	ons:			v
1. Award shall be n	nade on per:	item basis x total quot	ted price	lot basis
2. Price Validity sh	all be valid until Or	e Hundred Twenty (120) Calendar	r days	
3. Services shall be	e delivered on: Fif	teen (15) Calendar Days upon rece	eipt of Appre	
4. Place of Deliver				incao-Bancao, Puerto Princesa City, Palawar
5. Terms of Payme		days upon final inspection and ac	and the second second	Advise to Debit Assaupt)
Account Name	A CONTRACTOR OF THE PARTY OF TH	t of Due and Demandable Account	_Account N	
Bank Name:	-		Branch:	
		lippines accounts shall be charge		
<ol><li>Liquidated Dam</li></ol>		In case of failure to make full deli		
the amount of t	he liquidated dama	ages shall be at least equal to one	-tenth of on	e percent (0.001) of the cost of
the unperforme	a portion for every	day of delay shall be imposed. O %) of the amount of contract, the I	Procuring F	ntity may rescind or terminate
the contract wi	thout prejudice to	other courses of action and remed	lies availah	le under the circumstances.
		odel and country of origin.	urandy	The state of the s
		cost and total cost, unit cost shall pr	revail.	
9. Please indicate				
		it be registered at the Philippine Gove the PhilGEPS website at www. philge		
	7	8		
/	-1.			
	T. CORCORO			<del></del>
Procu	rement Officer			Signature Over Printed Name

Telefax: 5336-8106 to 07 loc. 24052

(Supplier)

Procurement Form No. 04-A (Annex A)



## 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

RFQ No.: 2023-04-0580-NP-SVP

Date: \_\_\_\_\_ ( should be filled up by supplier )

Company Name Company Address		me	: MOP: NP- SVP :								
		dress									
Conta	Contact Person										
Conta	ct No.		4								
Email	Addres	ss									
	any Til										
			<u> </u>								
PhiliG	EPS Re	g. No.	<u> </u>								
Item No.	Qty.	Unit		Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY" or "NOT COMPLY". Failure to indicate information could be basis for non-compliance"	Unit Cost	Total Cost					
1	40		PLASTIC STORAGE BOX, 70 Liters, heavy-duty								
2	25	piece	PLASTIC STORAGE BOX, 50 Liters, heavy-duty >>>> NOTHING FOLLOWS <<<<<								
	-		>>>> NOTHING FOLLOWS SCSSS								
			Date of Delivery: Fifteen (15) Calendar Days upon receipt of approved								
			Purchase Order (PO)								
			Area of Delivery: SWADT Palawan Office (Rizal Ave. Ext. cor. P Abrea Rd., Brgy. Bancao-Bancao, Puerto Princesa City, Palawan)								
			Ro., Brgy. Bancao-Bancao, Puerto Princesa City, Palawari)								
			Contact Person: MR. ERIC P. ABOROT								
			Contact Number: 0977-856-0040								
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		-									
	-			l							
	1										
				1		C					
		(	TOTAL APPROVED BUDGET FOR THE CONTRACT Fifty-One Thousand Pesos Only	)							
			(Php 51,000.00)	1							
		V METOLINITAL		Note: Please specify brand model/origin.							

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(Signature over printed name) Supplier