

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

## REQUEST FOR QUOTATION

			2023-06-0848 NP-SVP						
		Date:	July 3, 2023						
Company Name	9								
Company Address									
Contact Person	#								
Contact No.	*								
Email Address	8								
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 <b>Annex A</b> . <u>Failure to indicate information could be basis for non -compliance</u> . Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.									
	unufacturer, distributor, or agent in the Phili zed certification to this effect.	ppines for goods listed	in Annex A, please attach in your						
Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized. The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.									
1680 F.T. Benitez com 5:00 PM on July 10, 2	d submit this form together with Annex A to ther Malvar Sts., Malate, Manila, or email to 023 (Friday) Quotations submitted to the colon. Please indicate in the subject of your end Submission].	<ul> <li>procurement.fomim</li> <li>different email addresse</li> </ul>	aropa@dswd.gov.ph not later than s (es) as stated above shall not be						
ramos, II Iosaamis			Very truly yours,						
Terms and Condition	ıs:	Adı	ARVY B. CALABIO  Aritistrative Officer V  uner lient Section Head						
1. Award shall be n	nade on per: litem basis	X total quoted price	☐ lot basis						
	all be valid until: One Hundred Twenty (1 delivered on: 7 DAYS UPON RECEIPT								
Services shall be     Place of Delivery			, Brgy 7, Occidental Mindoro						
5. Terms of Payme	within 30 days upon final inspection	n and acceptance	Advise to Debit Assount)						
	LDDAP-ADA (List of Due and Demanda	Accounts Payable Account Num	ber :						
Bank Name:		Branch:							
**Note: Non Lar 6. Liquidated Dama	nd Bank of the Philippines accounts sha	all be charged a servic nake full delivery withi	e fee n the time specified above,						
the amount of t	he liquidated damages shall be at least	equal to one-tenth of	one percent (0.001) of the cost of						
the unperforme	d portion for every day of delay shall be es ten percent (10%) of the amount of c	imposed. Once the c	umulative amount of liquidated						
the contract wil	thout prejudice to other courses of action	on and remedies availa	able under the circumstances.						
<ol><li>For goods pleas</li></ol>	e indicate brand, model and country of orig	in.							
In case of discre     Please indicate	pangy between unit cost and total cost, un	it cost snaii prevaii.							
10. NOTE: "Pros	pective supplier must be registered at the PhilGEPS webs								
AFIR	A TANGDAN								
	SAMPAN rement Officer								
Telephone Number	5328-5111 to 15 loc. 24052		Signature Over Printed Name						
Contact Nu	mber: 09984746898		( Supplier)						



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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			tem (PHILGEPS). You may visit the PHILGEPS	RFQ No.: 2023-06-0848  Date:   should be fixed up by supporter)				
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Compai			<u></u>	MOP: NP-SVP				
Compa	150		I					
Contact		20	<u> </u>					
Contact			1					
Email A			<u> </u>					
Compa	ny TIN							
PhilGEF	S Reg.	No.						
Item No.	Qty.	Unit	PARTICULARS	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		
Э	1	UNIT	Split Type Air-Condition Unit (Inverter 1.5)					
			Specifications:					
			R410a Refrigirant					
			Titan Gold, Full 5D DC Inverter					
			Auto Protection and Auto Resistant, Anti Mosquito Function					
			Timer, Dehumidifier, Extra Low Noise					
			Low Voltage start up, Wide Voltage Operation, Global Power Supply					
			Fast Cooling, 10 hour automatic power off					
		7	Applicable unloaded area 15sqm-23sqm					
			With free installation					
			*******NOTHING FOLLOWS***********					
_		-	Page 1 of 1					
		-	Approved Budget for the Contract:	1				
1			Forty-Nine Thousand Nine Hundred Ninety Nine Pesos (PHP 49,999.00)					
PURP PR No			ise of Sphi-Type Air-Condition Unit for the use of Social Pension Program Staff in Occidenta 6-0848 NP-SVP	al Mirridoro  (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. F All\_URE 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.