

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

REQUEST FOR QUOTATION

		RFQ No. Date:	2023-07-0911 SHOPPING B July 12, 2023
Company Name	4		
Company Address			
Company Address Contact Person			
Contact No.	2		
-5 At SACTO	*		
Email Address	(A)		
Company TIN	010		
PhilGEPS Reg. No.	# i		
Sir/Madam:			
expenses for the goods	ernment price/s including delivery charges s listed in Annex A . <u>Failure to indicate in</u> tive brochures, catalogues, literatures and/	formation could be ba	asis for non -compliance. Also,
	nufacturer, distributor, or agent in the Philized certification to this effect.	ppines for goods listed	in Annex A, please attach in your
PhilGEPS Certificate, in accordance with the Omnibus Sworn Stater	ach copies of your Company's Business latest Income/Business Tax Return and the attached format marked as Annex B. ment (if previously submitted is unnotarized Mayor's /Business Permit and PHILGEPS	d a notarized or unnota If awarded , please sub d. The Certificate of Pl	arized Omnibus Sworn Statement mit immediately the duly notarized
1680 F.T. Benitez corr 5:00 PM on July 19, 2	d submit this form together with Annex A to ther Malvar Sts., Malate, Manila, or email to 023 (Wednesday) Quotations submitted to evaluation. Please indicate in the subject of of Submission].	o: procurement.fomime to the different email add f your email the title of the	aropa@dswd.gov.ph not later than lresses (es) as stated above shall
Terms and Condition		Proci	urement \$ ection Head
 Award shall be n Price Validity shall be Services shall be Place of Delivery Terms of Payme 	nade on per: all be valid until: de delivered on: DSWD SWADT Oriental Mindoro - 2nd Floor, Funt: within 30 days upon final inspection LDDAP-ADA (List of Due and Demanda	OF APPROVED P.O RKT Bldg., JP Rizal St. cor Ba on and acceptance able Accounts Payable	
Bank Name:		Branch:	
6. Liquidated Dama the amount of t the unperforme damages reach the contract wil 7. For goods pleas 8. In case of discre	the liquidated damages shall be at least of portion for every day of delay shall be set en percent (10%) of the amount of control prejudice to other courses of actions indicate brand, model and country of original pangy between unit cost and total cost, un	nake full delivery within equal to one-tenth of a imposed. Once the co- contract, the Procuring on and remedies availa- gin.	n the time specified above, one percent (0.001) of the cost of umulative amount of liquidated Entity may rescind or terminate
	warranty: pegtive supplier must be registered at ti EPS). You may visit the PhilGEPS webs		
ARIE	G. SAMPAN		
Procu	rement Officer		-
	5328-5111 to 15 loc. 24052 mber: 09984746898		Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A)

DSWD
MIMAROPA
REGION

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			m (PHILGEPS). You may visit the PHILGEPS website	RFQ No.: 2023-07-0911			
				Date:(should be filled up by suppolier)			
Compa	ny Nam	ne	‡	MOP: SHOPPING B			
Compa	ny Add	ress	1				
Contac	t Perso	n	#				
Contac	t No.		J				
Email A	Address	(2				
Compa	ny TIN		<u> </u>				
PhilGE	PS Reg	. No.	1				
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". "Fallure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost	
1	60	PCS	Brown Long Envelop				
2	72	PCS	Ultra Fine Gel Pen (0.5) Black				
3	36	PCS	Ultra Fine Gel Pen (0.5) Blue				
4	12	PCS	Ultra Fine Gel Pen (0.5) Red				
5	24	PCS	Office Gel Pen (0.5) Black				
6	12	PCS	Sticky Note Pad 3"x3" 100 sheets per pad				
7	12	PCS	Sticky Flag Page Marker, 1/2 in 1 3/4 in assorted				
8	8	вох	Plastic Fastener #4, 50pcs per box				
9	20	BOTTLE	Epson Ink 003 Black				
10	75	REAM	Paper, A4 70gsm			and the sales of	
11	A	PCS	Flash Drive Dual OTG M3.0 32GB				
			********NOTHING FOLLOWS**********************************				
			Pared off				
-	-	-	Page 1 of 1 Approved Budget for the Contract:	1			
	-		Thirty-Four Thousand Four Hundred Ninety-Six Pesos (PHP 34,496.0	0)			

(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. F AILURE 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.