

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:	2023-06-0865-NP-SVP July 3, 2023		
Comp	any Name							
Comp	any Address	8						
	act Person	-						
	act No.	-						
	Address	2) <u>11</u>						
45%		·		urani, 1)				
	oany TIN	*						
PhilG	EPS Reg. No.	4						
Sir/M	adam:							
exper	nses for the good	is listed in Anne	x A. Failure to i		n could be	icable taxes, and other incidental e basis for non -compliance. Also, able		
	are exclusive m ition a duly notal			in the Philippines fo	r goods lis	ted in Annex A, please attach in your		
PhilG State duly r	EPS Certificate ment in accordant notarized Omnibu	, latest Income ance with the at us Sworn Statem	Business Tax F ttached format in nent (if previously	Return and a notari marked as Annex E y submitted is unnot	zed or uni 3. If awarde arized. Th	rmit , PCAB License (if applicable), notarized Omnibus Sworn ed , please submit immediately the e Certificate of Platinum 'S Registration Number.		
Floor later t not be	1680 F.T. Benite than <u>5:00 PM or</u>	ez corner Malvar 1 July 10, 2023 evaluation. Plea	Sts., Malate, Ma (Monday). Quota se indicate in the	anila or email to: pr	ocuremen lifferent en	A Region -BAC Secretariat at 2nd t.fomimaropa@dswd.gov.ph not nail address(es) as stated above shall of the Project using this format: [RFQ		
•	10 - 111				Adn	NARVY B CALABIO 7/3/7023 Ininistrative Officer V Irement Section Head		
ıerm	s and Condition	18:						
2. 3. 4.		ll be valid until: O delivered on: Fi SWADT Mar	fteen (15) calend rinduque Office (ays of approversing Brgy. Bang	ed Purchase Order (PO) bangalon, Boac, Marinduque)		
***						dvice to Debit Account)		
	Account Name:				Account Nu	ımber :		
	Bank Name:	d Book of the Bh	1611	to a marchine della company to the company of the c	Branch:			
6.	Liquidated Damad		2.5	ts shall be charged a re to make full delive		e e time specified above,		
						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							
24					s available	under the circumstances.		
	For goods please In case of discren			of origin. st, unit cost shall prev	ail			
100	Please indicate w	The state of the s	Cost and total CO	or, and wor snan prev	an.			
	NOTE: "Prospe	ective supplier mu		the Philippine Governn osite at www. philgeps.		nic Procurement System gister"		
	1/_	1/						
	DAVE	T. CORCORO						
		ement Officer 8106 to 07 loc. 24	052			Signature Over Printed Name (Supplier)		

DSWD MIMAROPA REGION

Company Name

Company Address

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Field Office MiMaRoPa Region

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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

Date:	(should be filled up by supplier
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Contact Person Contact No.		son	<u> </u>			
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	Addre	3	ž			
Comp	any TII	N	8			
PhilGl	EPS Re	eg. 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	1	unit	OFFICE TABLE			
			C161			
			Specifications: > Size: 100 x 51 x 75 cm			
			> Steel, with four (4) drawers for storage (with 1 lock)			
2	1	unit	CLERICAL CHAIR			
			Specifications:			
			> Ergonomic			
			> With gaslift			
			> Color: Black			
_		-	>>>> NOTHING FOLLOWS <<<<			
-		-				
	_	-	Date of Delivery: Fifteen (15) Calendar Days upon receipt of			
			approved Purchase Order (PO)			
			Area of Delivery: SWADT Marinduque Office (Capitol Compound,			
			Brgy, Bangbangalon, Boac, Marinduque)			
			Contact Person: MS MARIA TERESA M. SALAZAR			
			Contact Number: 0930-775-7914			
		-				
		A				
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			TOTAL APPROVED BUDGET FOR THE CONTRACT			
		(Seventeen Thousand Pesos Only)		
		^	(Php 17,000.00)	1		
				Note: Please specify brand model/origin.		
			DACE 4 OF 4			
			PAGE 1 OF 1			
PURPO PR No			PAGE 1 OF 1 e & Delivery of Office Table & Clerical Chair for the use of Social Pensio -0865-NP-SVP	I on Staff in SWADT Marinduque Office.		VAT Non-VAT

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax. 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.

(Signature over printed name) Supplier