

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

## REQUEST FOR QUOTATION

					RFQ No.:	2023-07-0883 NP-SVP
					Date:	July 5, 2023
~	363					
-257//2	any Name					
1/2	any Address					
Conta	act Person					
Conta	act No.	্র				
Email	Address					
Comp	any TIN	ş				
PhilG	EPS Reg. No.	7				
Sir/M	adam:					
exper	nses for the goo	ds listed in Anne	ex A. <u>Failure to i</u>		on could b	licable taxes, and other incidental e basis for non -compliance. Also, cable.
		nanufacturer, dis arized certificatio		in the Philippines fo	or goods lis	sted in Annex A, please attach in your
Philo State duly r	SEPS Certificate ment in accord notarized Omnib	e, latest Income lance with the a ous Sworn Stater	e/Business Tax R attached format n ment (if previously	Return and a notar marked as Annex submitted is unno	rized or un B. If award starized. Th	ermit , PCAB License (if applicable) notarized Omnibus Sworn led , please submit immediately the ne Certificate of Platinum PS Registration Number.
Floor later shall	1680 F.T. Benit than <u>5:00 PM o</u> not be consider	ez comer Malva n July 12, 2023	ar Sts., Malate, Ma (Wednesday). Q n. Please indicate	nila or email to: p uotations submitte	rocurement d to differe	A Region -BAC Secretariat at 2nd nt.fomimaropa@dswd.gov.ph not nt email address(es) as stated above te title of the Project using this format
					Ad	ARVY B. CALABIO 7/5/203 ministrative Officer V urement Section Head
Term	ns and Condition	ons:				
2.	Award shall be n Price Validity shall be	all be valid until: (	x item basis One Hundred Twen	total quote  (120) Calendar  alendar Days upon	days	Ilot basis Approved Purchase Order (PO)
	Place of Delivery	DSWD Fiel	d Office MIMAROF	A (1680 F.T. Benite	ez cor. Malv	ar Sts., Malate, Manila)
5.	Terms of Payme	nt: within 15-3	30 days upon final	inspection and acc	ceptance	
			ist of Due and Den			Advice to Debit Account)
	Account Name: Bank Name:				Account N Branch:	umber:
		nd Bank of the P	hilippines account	ts shall be charged		ee
6.	Liquidated Dama	ages/Penalty:	In case of failur	e to make full deliv	ery within t	he time specified above,
						percent (0.001) of the cost of
						ulative amount of liquidated
						e under the circumstances.
7.			model and country		cs available	and the oneumstances.
				st, unit cost shall pre	evail.	
9	Please indicate	warranty:		1.7%		
10.		100		the Philippine Governosite at www. philgep		onic Procurement System register"
	1/-	- 7. 6				
	DAVE	T. CORCORO				
	Procu	rement Officer				Signature Over Printed Name
	Telefax: 5336	8-8106 to 07 loc. 2	4052			(Supplier)



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may

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Date:	( should be filled up by su

visit the PHILGER	S website at www.philgeps.gov.ph to register	Date:	( should be filled up by supplier )
Company Name	(4)	MOP: SHOPPING B	
Company Address	*		
Contact Person			
Contact No.	386		
Email Address	(a)		
Company TIN	15		
PhilGEPS Reg. No.	E		
		0:11 1 0 10 1	

em ło.	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	2	piece	OFFICE PARTITION WITH FREE STANDING TABLE			
			Specifications:			
			> 120H x 140 width cm; > 120H x 70 diameter cm			
			> Table 140 width x 70 diameter cm; > Worktop laminated finish			
			Note: Free assemble/service			
			Approved Budget Cost: Php34,000.00			
2	2	piece	CUSTOMIZED PARTITION			
			Specifications:			
			> Two (2) Panels (110 H x 120 W)			
			> Four (4) Panels (110 H x 60 W)			
			> Two (2) partition Table (120cm x 60cm)			
			> Full fabric partition; > Worktop laminated Finish			
			Note: Free assemble/service			
			Approved Budget Cost: Php34,000.00			
_						
3	4	piece	MOBILE PEDESTAL			
			Specifications:			
			> With three (3) drawers (one central lock, one pen tray, one file			
			divider, five castors); > Material: Steel with powder coating			
_			> Dimension: 40 (W) x 56.5 (D) x 65.5 (H) cm; > Color: Black			
	-		Approved Budget Cost: Php16,000.00			
			DECLINING OFFICE CHAIR EDGONOMIC COMPUTED CHAIR			
4	2	piece	RECLINING OFFICE CHAIR ERGONOMIC COMPUTER CHAIR			
_			HIGH BACK SWIVEL AND HEIGHT ADJUSTMENT ARMREST Specifications:			
	_					
-			Chair Back Height: High Back, Chair Arms: Adaptive Arms     Stool Height: Adjustable; > Color: Gray			
			> Ergonomic Design: Designed for comfort and made			
			> Reclining Backrest: You can recline it to 155"			
			> Adjustable Headrest: Equipped w/multi-functional 2D headrest that			
-			protects your head and neck well			
_			> Solid & Durable: 360° swivel while sitting maximum			
_			Warranty Type: Supplier Warranty			
			Approved Budget Cost: Php14,000.00			
			>>>> NOTHING FOLLOWS <>>>			
			Date of Delivery: Twenty-Five (25) Calendar Days upon receipt of			
			approved Purchase Order (PO)			
			Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez			
			cor, Malvar Sts., Malate, Manila)			
			Contact Person: MR. FERNAND A. DELA CRUZ			
			Contact Number: 0930-504-1375			
			TOTAL APPROVED BUDGET FOR THE CONTRACT			
			Ninety-Eight Thousand Pesos Only	)		
			(Php 98,000.00)			
			(i rip colouc.co)	Note: Please specify brand model/origin.		
				Note. Flease specify brand model/origin.		
			PAGE 1 OF 1			

PR No.:

2023-07-0883 NP-SVP

VAT
Non-VAT

(Signature over printed name) Supplier