

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

REQUEST FOR QUOTATION

			2023-07-0976/0977 SHOPPING B
		Date:	July 25, 2023
Company Name	1		
Company Address	4/ 1/		
Contact Person	<u> </u>		
Contact No.		-	
Email Address		=	
Company TIN	:=	-	
561-561-611-11	-	-	
PhilGEPS Reg. No.		41-	
Sir/Madam:			
expenses for the goo	overnment price/s including delivery choods listed in Annex A . <u>Failure to indiciptive</u> brochures, catalogues, literature	ate information could b	e basis for non -compliance. Also,
	manufacturer, distributor, or agent in the arized certification to this effect.	e Philippines for goods lis	sted in Annex A, please attach in your
PhilGEPS Certificat Statement in accor- duly notarized Omnil	attach copies of your Company's Busi te, latest Income/Business Tax Retur dance with the attached format mark bus Sworn Statement (if previously sub e submitted in lieu of the Mayor's /Busin	rn and a notarized or un ked as Annex B. If award mitted is unnotarized. The	notarized Omnibus Sworn led , please submit immediately the ne Certificate of Platinum
Floor 1680 F.T. Beni later than <u>5:00 PM o</u> shall not be consider	and submit this form together with Anne itez corner Malvar Sts., Malate, Manila on August 1, 2023 (Tuesday). Quotation red for evaluation. Please indicate in the eadline of Submission.	or email to: procureme	nt.fomimaropa@dswd.gov.ph not email address(es) as stated above
			very truty yours,
		_	ARVY B. CALABIO 7/26/hors
			ninistrative Officer V urement Section Head
Terms and Condition	ons:		
 Award shall be r 	made on per: litem basis	x total quoted price	lot basis
2. Price Validity sh	all be valid until: One Hundred Twenty (*	120) Calendar days	
	e delivered on: Fifteen (15) Calendar Da		
 Place of Deliver Terms of Payme 			ar Sts., Maiate, Manila)
	h LDDAP-ADA (List of Due and Demanda		dvice to Debit Account)
Account Name		Account Nu	mber :
Bank Name:		Branch:	
6. Liquidated Dam	nd Bank of the Philippines accounts sha ages/Penalty: In case of failure to	make full delivery within t	he time specified above,
	the liquidated damages shall be at least		
	ed portion for every day of delay shall be		
the contract wi	nes ten percent (10%) of the amount of c ithout prejudice to other courses of action	ontract, the Procuring En	under the circumstances
	se indicate brand, model and country of orig		ander the chedmatanees.
	epancy between unit cost and total cost, un	it cost shall prevail.	
	spective supplier must be registered at the I		
(Phile	GEPS). You may visit the PhilGEPS website	at www. pniigeps.gov.ph to	register:
DAVE	T COPCOPO		
7.00	T. CORCORO urement Officer		Signature Over Printed Name
	6-8106-to-07-loc. 24052		(Supplier)
59	126-5111		

DSWD MMAROPA 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

DEO M	2022 07 0070/0077	CHOODING	-
REQ NO.:	2023-07-0976/0977	SHUPPING	

Date:	(should be filled up by supplier)

Comp	any Na	me	2	MOP: NP-SVP		
Comp	any Ad	dress	8 U	SANGELIN MATCHING TO SERVICE		
Conta	Contact Person					
	ct No.		<u> </u>			
Conta	ict No.		<u> </u>			
Email	Addres	SS	ž			
Comp	any TIN	1	10			
PhilG	EPS Re	a No				
- 11110	LI O INC	.g. 140.	<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	200		PAPER, Multicopy, 80gsm, size: 210mm x 297mm (A4)			
2	50	ream	PAPER, Multicopy, 80gsm, size: 216mm x 330mm (Legal)			
3	30	roll	TAPE, Transparent, width: 48mm			
4	50	roll	TAPE, Transparent, width: 24mm			
5	30	roll	TAPE, Packaging, width: 48mm (±1mm)			
6	50		CORRECTION TAPE, 6 meter (min) individual pack			
7	36		SIGN PEN, Black, 0.5mm, black			
8	36		SIGN PEN, Blue, 0.5mm, Blue			
9	36		BALLPOINT PEN, 0.5, Black			
10	30		STAPLE WIRE, Standard			
11	30		EPSON INK 001 (BLACK)			
12	10		EPSON INK 001 (CYAN)			
13	10		EPSON INK 001 (MAGENTA)			
14	10	bottle	EPSON INK 001 (YELLOW)			
			>>>> NOTHING FOLLOWS <<<<			
			Date of Delivery: Fifteen (15) 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. GUILLERMO L. UNTALAN			
			Contact Number: 0928-935-6549			
-	-					
	-	-				

TOTAL APPROVED BUDGET FOR THE CONTRACT One Hundred Fifteen Thousand Pesos Only (Php 115,000.00)

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Note: Please specify brand model/origin.

Purchase & Delivery of Office Supplies for the use of CIS PSP-AICS Staff in the Regional Office for the 3rd Quarter for CY-2023. PURPOSE:

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VAT Non-VAT

(Signature over printed name) Supplier