

Contact Number: 09565162748

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

## REQUEST FOR QUOTATION

		RFQ No. 2023-07-1027 NP-SVP Date: September 4, 2023
Company Name	1	
Company Address	<del></del>	
Contact Person	<u>.</u>	
Contact No.	· ·	
Email Address	·	
Company TIN	3.	
PhilGEPS Reg. No.	·	
moer o reg. No.		<del></del>
ir/Madam:		
expenses for the goo		charges, VAT or other applicable taxes, and other incidental indicate information could be basis for non -compliance. Also, ures and/or samples, if applicable.
	nanufacturer, distributor, or agent i arized certification to this effect.	n the Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat n accordance with Omnibus Sworn Stat	e, latest Income/Business Tax R the attached format marked as A	Business Permit, Mayor's Permit, PCAB License (if applicable), eturn and a notarized or unnotarized Omnibus Sworn Statement Annex B. If awarded, please submit immediately the duly notarized nnotarized. The Certificate of Platinum Membership maybe HILGEPS Registration Number.
maediones@dswd. email address(es) as	gov.ph not later than 5:00 PM on	Very truly yours,
Q WARE CONT.		Administrative Officer V Procurement Section Head
Terms and Condition		
Award shall be     Drice Validity s	e made on per:item basis shall be valid until: One Hundred	X total quoted price lot basis
Services shall	be delivered on: 15 CD after rece	eipt of approved Purchase Order
Place of Delive     Terms of Pour	ery: DSWD MIMAROPA (1680 I ment: within 30 days upon final	F.T. Benitez cor. Malvar St., Malate, Manila)
		Demandable Accounts Payable- Advice to Debit Account)
Account Nam	e;	Account Number :
Bank Name:_ **Note: Non I	and Bank of the Philippines acco	Branch: ounts shall be charged a service fee
<ol><li>Liquidated Dai</li></ol>	mages/Penalty: In case of fa	ilure to make full delivery within the time specified above,
the amount o	f the liquidated damages shall b	e at least equal to one-tenth of one percent (0.001) of the cost of
the unperform	ned portion for every day of dela ches ten percent (10%) of the arr	y shall be imposed. Once the cumulative amount of liquidated tount of contract, the Procuring Entity may rescind or terminate
the contract v	without prejudice to other course	es of action and remedies available under the circumstances.
7. For goods plea	ase indicate brand, model and cour crepancy between unit cost and total	ntry of origin.
9. Please indicat	e warranty:	
10. NOTE: "Pro	ospective supplier must be regis	tered at the Philippine Government Electronic Procurement Syste EPS website at www. philgeps.gov.ph to register "
A	The state of	
	NTHONY E. PIONES	
Telefax: 5336-81 Contact Numbe	06 to 07 loc. 24052	Signature Over Printed Name (Supplier)
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Note: Prospective supplier must be registered at the Philippine RFQ 2023-07-1027 NP-SVP Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register ( should be filled up by suppoller) Company Name MOP: NP-SVP Company Address Contact Person Contact No. **Emall Address** Company TIN PhilGEPS Reg. No. Item Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either Unit **PARTICULARS Unit Cost Total Cost** Qty. the statement of compliance either No. "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance." Purchase of DSWD Red Vest as token for Resource Speakers during the 1 An conduct of DRMD CapBuild Activities Front: Grey reflector on each pocket DSWD mark: 2 Inches x 2.25 inches (Embroided) with secret pocket inside (Left and Right) with Adjustable straps on both side Upper Right pocket: 2.5 inches (w) x 4.5 inches (h) Back: Two (2) Line Grey Reflector DSWD DSWD Logo: 9.75 inches (w) x 3.75 inches (h) Embroided Size: Medium: 15pcs Large: 10pcs Extra Large: 10pcs 2x Large: 5pcs

TOTAL APPROVED BUDGET FOR THE CONTRACT:
Seventy Thousand Pesos Only (Php 70,000.00)

\*\*\* Nothing Follows\*\*\*

Contact Person: Romar Delfin Contact No.: 0905-487-1520

PURPOSE:

Purchase of DSWD Red Vest as token for Resource Person Speakers during the conduct of DRMD CapBuild activities

PR No.: 2023-07-1027 NP-SVP

(Signature over Printed name)
Supplier

Note: Please specify brand model/origin .

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.