

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

REQUEST FOR QUOTATION

			Q No.	2023-09-1203 September 14, 2	NP-SVP 2023
2					
Company Address	<u> </u>				
Company Address Contact Person					
Contact No.	·				
Emai #	2				
Company TIN	4				
30.00 C. \$10.00 P. C. C. C. C. C.	7				
PhilGEPS Reg. No.					
Sir/Madam:					
goods listed in Anne	vernment price/s including delivery characters and/or samples, if applicate informations, it is applicated in the samples of t	on could be basis for non -co			
If you are exclusive r duly notarized certific	nanufacturer, distributor, or agent in tation to this effect.	he Philippines for goods listed in	Anne	x A, please attac	h in your quotation a
Certificate, latest Inc attached format ma	ttach copies of your Company's Bustome/Business Tax Return and a norked as Annex B. If awarded, placed is unnotarized. The Certificate of Placetration Number.	tarized or unnotarized Omnibus ease submit immediately the du	s Swo	rn Statement in tarized Omnibus	accordance with the Sworn Statement (if
Benitez corner Malva (Thursday). Quotation	nd submit this form together with Ann or Sts., Malate, Manila or email to: gins submitted to different email address email the title of the Project using this	ccrvictorio@dswd.gov.ph not la ss(es) as stated above shall not t	eter the continue of	an 5:00 PM on isidered for evalu Submission. Very truly yours ARVY B. CA AB ministrative Office	September 21, 2023 ation. Please indicate indicate at a september 2 1, 2023 ation. Please indicate at a september 2 1, 2023 ation. Please indicate at a september 2 1, 2023 ation. Please indicate at a september 2 1, 2023 ation.
Terms and Conditio	ns:		Proc	urement Section	head
Award shall be Price Validity sl	made on per:item basis nall be valid until: One Hundred Twe	X total quoted p	rice	lot basis	
3. Services shall t	e delivered on: within 15 CD upon	receipt of approved PO			
4. Place of Delive		T. Benitez St. cor Malvar St., M	alate,	Manila	
	ent: within 30 days upon final insp th LDDAP-ADA (List of Due and Der		lvice 1	to Debit Account)
Account Name	t	Account Nur Branch:	mber	!	
Bank Name: **Note: Non La	and Bank of the Philippines account	s shall be charged a service fee			
6. Liquidated Dan	nages/Penalty: In case of failure the liquidated damages shall be at	to make full delivery within the			
	ed portion for every day of delay sh				
	hes ten percent (10%) of the amoun				
	ithout prejudice to other courses of se indicate brand, model and country		unaer	the circumstant	es.
In case of disc	epancy between unit cost and total co				
	spective supplier must be registere GEPS). You may visit the PhilGEPS				nt System
Committee of the Commit	CATHY R. VICTORIO				
	urement Officer 6 to 07 loc. 24052			Signature Over	Printed Name
Contact Number				(Supp	



PhilGEPS Reg. No.

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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 RFQ No.

2023-09-1203 register Date: (should be filled up by suppplier) Company Name MOP: NP-SVP Company Address Contact Person Contact No. **Email Address** Company TIN

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". "Failure to indicate information could be	Unit Cost	Total Cost
			Purchase of Token for the Supplemetary Feeding Program - Annual Startegic Planning (Internal)			
1	4	рс	LAPTOP BAG / Document File Bag			
			with holder			
			Dimensions: Atleast 11.5 x 15.5 inch (Black)			
			Materials: Water proof			
			nothing follows			
		_				
		-				
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Six Thousand Pesos Only (Php 6,000.00)	Note: Please specify brand model/origin .		

PURPOSE:	Supplemetary	Feeding Program	- Annual	Startegic P	lanning (Internal
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PR No.: 2023-09-1203 NP-SVP

	VAT	
	Non-VA	T
(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.