

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

REQUEST FOR QUOTATION

			2023-08-1120 NP-SVP
		Date	September 1, 2023
Company Name			
Company Address			
Contact Person	-		
Contact No.	·		
Email Address			
Company TIN			
PhilGEPS Reg. No.	*		
Sir/Madam:			
expenses for the good	overnment price/s including delivery char ods listed in Annex A . <u>Failure to indicat</u> iptive brochures, catalogues, literatures a	e information could b	e basis for non -compliance. Also,
	manufacturer, distributor, or agent in the larged certification to this effect.	Philippines for goods lis	ted in Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	attach copies of your Company's Busine le, latest Income/Business Tax Return the attached format marked as Annex lement (if previously submitted is unnotated me Mayor's /Business Permit and PHILGE	and a notarized or un B. If awarded , please ized. The Certificate of	notarized Omnibus Sworn Statement submit immediately the duly notarized of Platinum Membership maybe
Floor 1680 F.T. Beni than 5:00 PM on Se	and submit this form together with Annex tez corner Malvar Sts., Malate, Manila <u>or eptember 8, 2023 (Friday).</u> Quotations si r evaluation Please indicate in the subje e of Submission].	email to: procurement ubmitted to different em	nt.fomimaropa@dswd.gov.ph not later ail address(es) as stated above shall of the Project using this format: [RFQ
		Ac	ARVY B CALABIO ministrative Officer V curement 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 (12	(0) Calendar days	
Services shall b			oved Purchase Order (PO)
 Place of Deliver Terms of Payme 			var Sts., Maiate, Maniia)
	h LDDAP-ADA (List of Due and Demandab	A Printer and Parket Street, S	dvice to Debit Account)
Account Name	Charles and the contract of th	Account Nu	
Bank Name:		Branch:	
**Note: Non La 6. Liquidated Dam	nd Bank of the Philippines accounts shall		ee he time specified above,
	the liquidated damages shall be at least e		
	ed portion for every day of delay shall be i		
	nes ten percent (10%) of the amount of co		
And in column 2 is not a second and	thout prejudice to other courses of action		under the circumstances.
the second secon	se indicate brand, model and country of origin epancy between unit cost and total cost, unit		
	M	cost shall prevail.	
	spective supplier must be registered at the Ph	lippine Government Elect	ronic Procurement System
(Phili	GEPS). You may visit the PhilGEPS website at	www. philgeps.gov.ph to	register
	J. C- 3		
DAVE	T CORCORO		
			Signature Over Printed Name
9. Please indicate 10. NOTE: "Pro	warranty:spective supplier must be registered at the Ph	llippine Government Elect	

(Supplier)

Telefax: 5336-8106 to 07 loc. 24052

Procurement Form No. 04-A (Annex A)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

1680 F.T. Benitez comer 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 RFQ No.: 2023-08-1120 NP-SVP Date: ___ (should be filled up by supplier) Company Name MOP: SP-SVP Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the Item Unit Cost **Total Cost** Qty. Unit statement of compliance either No. "COMPLY" or "NOT COMPLY". Failure to indicate information could be basis for non-compliance" unit DOCUMENT SCANNER 1 15 Specifications: > Scanner Type: Sheetfed > Output: Color, Black and White > Optical Resolution: > 200 dpi > Daily Duty Cycle: > 3,000 pages > Speed: > 40 ipm > Scan Size: Legal > Feeder: > 50 sheets > Connectivity: USB 2.0 Warranty: One (1) Year Hardware Warranty >>>> 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 Six Hundred Seventy-Five Thousand Pesos Only (Php 675,000.00) Note: Please specify brand model/origin PAGE 1 OF 1 Purchase & Delivery of Document Scanner for the use of CIS PSP-AICS Regional and SWADT Office for CY-2023. PR No.: 2023-08-1120 NP-SVP VAT Non-VAT (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 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.