

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

Company Name Company Address Company Address Contact Preson Contact No. Email Address Company TIN PhiloGEPS Reg No. Sir/Madam: Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Fallure to indicate information could be basis for non -compliance, Also, furnish us with descriptive brochures, calalogues, literatures and/or samples, il applicable. If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect. Additionally, please attach copies of your Company's Business Permit, Mayor's Permit , PCAB License (if applicable), PhiloGEPS Certificate, latest income/Business Tax Return and a notarized or unnotarized Omnibus Swom Statemen (if previously submitted as Annex B. if awarded, please submit immediately the duly notatemer in accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notatemer in accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notatemer in accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notatemer in accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notatemer in accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notate as a submitted of numbers and the please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1690 F.T. Bentez corner Malvar Sis, Malate, Manila or email to: procurement formitargoa@distend.aov.ph not lait than 500 PM on October 11, 2023 (Wednesday), Quotations submitted to different email addresses) as stated above. 1					KFQ NO.	2023-10-1232 NP-SVP
Company Address Contact No. Sir/Madam: Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be basis for non-compliance. Also, unrish us with descriptive brochures, catalogues, literatures and/or samples, if applicable. If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect. Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhiliGEPS Certificate, latest income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statemer accordance with the attached format marked as Annex B, if awarded, please submit immediately the duly notarized Dmnibus Sworn Statement and conditions of the Mayor's Rusiness Permit and PHILGEPS Registration Number. Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Filoro 1680 F.T. Benitez corner Malvar Sts. Malate, Manila or email to, procurement formimarona@dawd.gov.ph not list in 5.00 PM on October 11, 2023 (Wednesday), Quotations submitted to different email address(e) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: RFQ Number , [Deadline of Submission] Terms and Conditions: 1. Award shall be delivered: SWAD PALAWAY SWADT PALAWAY SW					Date:	October 4, 2023
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Contact Person Contact No. Immail Address Company TIN PhiliGEPS Reg. No Sir/Madam: Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Fallure to indicate information could be basis for non-compliance. Also, urnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable. If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A. please attach in your quotation a duly notarized certification to this effect. If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A. please attach in your quotation a duly notarized derification to this effect. Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhiliGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement accordance with the attached format marked as Annex B. if awarded, please submit immediately the duly notarized Dimibus Sworn Statement (if previously submitted is unnotarized. The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number. Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat, at 2nd Ploor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: procurement.fomimaropa@dswd.gov.ph not late han 5.00 PM on October 11, 2023 (Wadnesday), Quotations submitted to different email address(es) as stated above and the project using this formation of the project project in the project of Approved Purchase Order (PO) 1. Project Valoria State Project (PO) 2. Terms and Conditions: 1						
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2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days 3. Services shall be delivered on: Fifteen (15) Calendar Days upon receipt of Approved Purchase Order (PO) 4. Place of Delivery: SWAD PALAWAN SWADT PALAWAN OFFICE, 458 RIZAL AVENUE EXT. COR. ABREA RD., BRGY BANCAO-BANCAO, PPO 5. Terms of Payment: within 15-30 days upon final inspection and acceptance Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account) Account Name: Account Number: Bank Name: Branch: **Note: Non Land Bank of the Philippines accounts shall be charged a service fee 6. Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances. 7. For goods please indicate brand, model and country of origin. 8. In case of discrepancy between unit cost and total cost, unit cost shall prevail. 9. Please indicate warranty: 10. NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System					Ad	MARKY B GALABIO /0/4/23
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Procurement Officer Telefax: 5328-5111 loc. 24052 Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A)



Company Name

Company Address
Contact Person
Contact No.

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

RFQ No.: 2023-10-1232 NP-SVP

Date: _____ (should be filled up by supplier)

MOP: NP-SVP

Email	Addres	ss				
Comp	any TII	N				
500000000	EPS Re		£			
Tillo	ELO KE	eg. No.	<u> 1 </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	20	Piece	Purchased of Fire Extinguisher, Dry Chemical, 4.5kgs			
^			>>>> NOTHING FOLLOWS <<<<			
1	1		>>>> NOTHING FOLLOWS CCCC			
-						
_		-				
			Date of Delivery: Fifteen (15) calendar days upon receipt of			
			approved Purchase Order (PO)			
			Area of Delivery: SWAD PALAWAN			
			SWADT Palawan Office, 458 Rizal Avenue Ext. Cor Abrea Rd.,			
			Brgy, Bancao-Bancao, PPC			
			Contact Person: Eric P. Aborot Contact No. 09778560040			
-		-	Contact No. 0317 6300040			
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0						
			TOTAL APPROVED BUDGET FOR THE CONTRACT	\		
		+ (Sixty Thousand Pesos Only	y		
-	-	+	(Php 60,000.00)			
	-	-		Note: Please specify brand model/origin.		
			PAGE 1 OF 1			
DIE	OSE:	Purcha	se Fire Extinguisher for use in SWADT PALAWAN for CY 2023			

PR No.: 2023-10-1232 NP-SVP VAT

(Signature over printed name)

(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.



provider.

REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I	, of
	has received the Request for
Quotation (RFQ No	_) from DSWD MIMAROPA Region intended
for	
Certified by:	
(Signature Over Printed Name of Supplier	
Contact No:	₹3
Email Address:	
RFQ Delivered by:	
(Signature Over Printed Name of Canvass	ser)
Position :	_
Date /Time of Delivery :	

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service