

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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

REQUEST FOR QUOTATION

			RFQ No Date:	2023-10-1355 NP-SVP October 27, 2023
Company Name				
Company Address				
Contact Person	+		 :	
	+			
Contact No.	4			
mail Address	1		 ;	
Company TIN	1			
hilGEPS Reg. No.	5			
Sir/Madam:				
expenses for the goo	ds listed in Ani	nex A. Failure to inc	어린 그들은 아이들 아이들이 되었다. 그 아이들은 아이들은 아이들이 되었다.	dicable taxes, and other incidental be basis for non -compliance. Also, icable.
f you are exclusive n			the Philippines for goods li	sted in Annex A, please attach in your
PhilGEPS Certificat n accordance with Omnibus Sworn Stat	e, latest incom the attached f ement (if previo	ne/Business Tax Re ormat marked as Ar ously submitted is un	turn and a notarized or ur nnex B. If awarded , please	ermit , PCAB License (if applicable), notarized Omnibus Sworn Statement submit immediately the duly notarized of Platinum Membership maybe per.
5:00 PM on Novemb considered for evalu Number], [Deadline	per 3, 2023 (Fri ation. Please in e of Submissio	day). Quotations sub dicate in the subject	omitted to different email ad of your email the title of the	nimaropa@dswd.gov.ph not later than dress(es) as stated above shall not be Project using this format: IRFQ Very truly yours HARVY B. GALABIO /0/27/23 dministrative Officer V curement section Head
Terms and Condition	ons:			
3. Services shall be	all be valid until: e delivered on:	Within (15) Calendar	total quoted price y (120) Calendar days Days upon receipt of Appro	x lot basis
Place of DeliverTerms of Payme		MIMAROPA Offices	spection and acceptance	
	Charles and the second		ndable Accounts Payable- A	dvice to Debit Account)
Account Name:				umber:
Bank Name:			Branch:	200
			shall be charged a service t	
Liquidated Dam the amount of the am			to make full delivery within	e percent (0.001) of the cost of
				ulative amount of liquidated
damages reach	es ten percent	(10%) of the amount	of contract, the Procuring Er	ntity may rescind or terminate
			ction and remedies available	e under the circumstances.
		, model and country of		
In case of discre Please indicate	70 85	uriii COSt and total COST	unit cost shall prevail.	
10. NOTE: "Pros	pective supplier		ne Philippine Government Elec site at www. philgeps.gov.ph to	
	Anthony A. Lu			8
	urement Officer 8-5111 to 07 loc.			Signature Over Printed Name (Supplier)



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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 register. RFQ No.: 2023-10-1355 Date: (should be filled up by supplier) MOP: NP-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 th statement of compliance either lten No Qty. Unit Cost Total Cost statement of compliance either
"COMPLY" or "NOT COMPLY". Failure to
indicate information could be basis for LOT 1 ROMBLON 1 Mineograph Printing Service Provider a) Bond Paper- 4A Size, 80 gsm b) Printed in Back To Back 3,000 copies MD Monitoring Tools/ Forms (2 pages) 2,000 copies MD Assessment Tools/ Forms (2 pages) """Nothing follows Approved Budget of the Contract : Php 15,000.00
PLACE OF DELIVERY: SWADT ROMBLON - ODIONGAN, ROMBLON LOT 2 MARINOUQUE Mineograph Printing Service Provide a) Bond Paper- 4A Size/Folio, 80 gsm b) Printed in Back To Back Types of Forms / 10,000 copies MD Monitoring Tools/ Forms (2 pages) 4,000 copies MD Assessment Tools/ Forms (2 pages)

1,000 copies Organization Assessment tools/Forms (3 pages) 3,000 copies MD Final Assessment Report (FAR) Tools (2 pages) ""Nothing follows" Approved Budget of the Contract: Php 55,500.00 PLACE OF DELIVERY: Capitol Compaound (SWADT OFFICE), Bangbangalon, Boac, Marinduque LOT 3 PALAWAN Mineograph Printing Service Provider Specification: a) Bond Paper- 4A Size, 80 gsm b) Printed in Back To Back Types of Forms 25,000 copies MD Monitoring Tools/ Forms (2 pages) / 15,000 copies MD Assessment Tools/ Forms (2 pages)
/ 1,000 copies Organization Assessment tools/Forms (3 pages) 5,000 copies MD Final Assessment Report (FAR) Tools (2 pages)

*****Nothing follows***** Approved budget of the Contract: Php 139,500.00
PLACE OF DELIVERY: JTR BLDG. PEO Compound Brgy. Bancao Bancao, Puerto Princesa City LOT 4 Oriental Mindoro Mineograph Printing Service Provider a) Bond Paper- 4A Size, 80 gsm b) Printed in Back To Back Types of Forms 11,500 copies MD Monitoring Tools/ Forms (2 pages) 1,000 copies MD Assessment roots remark (3 pages)
1,000 copies Organization Assessment tools/Forms (3 pages) 3,000 copies MD Assessment Tools/ Forms (2 pages) 5,000 copies MD Final Assessment Report (FAR) Tools (2 pages) *****Nothing follows***** Approved Budget for the Contract; Php 63,000.00 PLACE OF DELIVERY: DSWD SWADT Office, Prov'l Capitol Complex, Camilmil, Calapan, City. Oriental Mindoro LOT 5 Occidental Mindoro Mineograph Printing Service Provider Specification: a) Bond Paper- 4A Size, 80 gsm b) Printed in Back To Back Types of Forms 15,000 copies MD Monitoring Tools/ Forms (2 pages) 4.000 copies MD Assessment Tools/ Forms (2 pages)
400 copies Organization Assessment Tools/Forms (2 pages) 400 copies Organization Assessment Tools/Forms (2 pages)
2,000 copies EF Final Assessment Report (FAR) Tools (2 pages) 4,000 copies MD Final Assessment Report (FAR) Tools (2 pages) Approved Budget for the Contract: Php 77,000.00
PLACE OF DELIVERY: SWADT OCCIDENTAL MINDORO - San Jose, TOTAL APPROVED BUDGET FOR THE CONTRACT Three Hundred Fifty Thousand Pesos Only (Php 350,000.00) Note: Please specify brand model/origin PAGE 1 OF 1 PURPOSE: Mimeograph Printing Service provider for printing of monitoring tools 2023-10-1355 VAT Non-VAT (Signature over printed name) Supplier





ADMINISTRATIVE DIVISION DSWD FIELD OFFICE MIAMROPA

DSWD-GF-008| REV 01 / 12 OCT 2021

REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

hereby certify that I	, of
	has received the Request for
	_) from DSWD MIMAROPA Region intended
or	*
Certified by:	
Signature Over Printed Name of Supplier	_ r)
Contact No:	
Email Address:	
RFQ Delivered by:	
Signature Over Printed Name of Canvas	ser)
Position:	_
Date /Time of Delivery:	
Note: This form shall be used and issued in cases	when RFQ is personally delivered to a prospective supplier/service provide
Note. This form shall be used and issued in cases	The state of the s