

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

REQUEST FOR QUOTATION

| | | RFQ No.: | 2023-10-1297 NP-SVP October 16, 2023 | | | | |
|--|--|---|--|--|--|--|--|
| | | | | | | | |
| Company Name | | | | | | | |
| Company Address | 2 | | | | | | |
| Contact Person | K | | | | | | |
| Contact No. | The state of the s | | | | | | |
| Email Address | | | | | | | |
| Company TIN | 7 | | | | | | |
| PhilGEPS Reg. No. | 7 | | | | | | |
| | | | | | | | |
| Sir/Madam: | | | | | | | |
| expenses for the goo | overnment price/s including delivery charges, V/ods listed in Annex A . <u>Failure to indicate Informative</u> brochures, catalogues, literatures and/or significant statements. | mation could be | basis for non -compliance. Also, | | | | |
| | manufacturer, distributor, or agent in the Philippi arized certification to this effect. | ines for goods list | led in Annex A, please attach in your | | | | |
| PhilGEPS Certificat in accordance with Omnibus Sworn Stat | attach copies of your Company's Business Perice, latest Income/Business Tax Return and a the attached format marked as Annex B. If a tement (if previously submitted is unnotarized. The Mayor's /Business Permit and PHILGEPS Re | notarized or una warded, please s The Certificate o | notarized Omnibus Sworn Statement submit immediately the duly notarized f Platinum Membership maybe | | | | |
| Floor 1680 F T Beni than 5:00 PM on Oc | and submit this form together with Annex A to DS flez corner Malvar Sts., Malate, Manila or email stober 23, 2023 (Monday). Quotations submitte or evaluation Please indicate in the subject of yo e of Submission]. | to: procurement and to different em | t.fomimaropa@dswd.gov.ph not late ali address(es) as stated above shall of the Project using this format. [RFQ] Very truly yours, | | | | |
| Terms and Condition | ons: | Ad | ARVA B. CALABIO ministrative Officer V urement Section Head | | | | |
| 1. Award shall be r | made on per: item basis x tota | al quoted price | lot basis | | | | |
| Services shall b Place of Deliver | y; DSWD Field Office MIMAROPA (1680 F.T. | upon receipt of A Benitez cor., Maiv | | | | | |
| Terms of Payment throug Account Name. | h LDDAP-ADA (List of Due and Demandable Acco | | | | | | |
| Bank Name: | | Branch: | 2 | | | | |
| **Note: Non La 6. Liquidated Dam | and Bank of the Philippines accounts shall be changes/Penalty: In case of fallure to make full | | | | | | |
| | the liquidated damages shall be at least equal to | | | | | | |
| | ed portion for every day of delay shall be impose | | | | | | |
| damages reach | damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate | | | | | | |
| The second secon | ithout prejudice to other courses of action and re | emedies available | under the circumstances. | | | | |
| | se indicate brand, model and country of origin. | all nrevail | | | | | |
| In case of discre Please indicate | epancy between unit cost and total cost, unit cost sha warranty | an prevail. | | | | | |
| | spective supplier must be registered at the Philippine | Government Electr | onic Procurement System | | | | |
| | GEPS). You may sit the PhilGEPS website at www. p | | | | | | |
| 1/- | | | | | | | |
| DAVE | T. CORCORO | | | | | | |
| Proci | urement Officer | | Signature Over Printed Name | | | | |
| Telefax 522 | 6-840640-07 loc. 24052 | | (Supplier) | | | | |

5328-5111

DSWD MIMAROPA REGION

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

| | visit the PHILGEPS website at www.philgeps.gov.ph to register | | | Date: (should be filled up by supplier) | | | |
|---------|---|----------|---|--|-----------|------------|--|
| | mpany Name : | | | MOP: NP-SVP | | | |
| | 0.545-5 | ddress | | | | | |
| | ct Per | | <u> </u> | | | | |
| nta | ct No. | | <u> </u> | | | | |
| ail | Addre | SS | * | | | | |
| mp | any Ti | N | <u>*</u> | | | | |
| iiG | EPS R | eg. No. | : | | | | |
| m o. | 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 | |
| | 50 | piece | JACKET | | | | |
| + | | - | Specifications: | | | | |
| | | | > Color: Gray and Black | | | | |
| - | | | > Front zip with internal full length windroof flap, elastic binding edged hem, 2 zipper outer pockets, inner zipper pockets, water repellent, with embroidered | | | | |
| | | | logo of RJJWC | | | | |
| | | | Note: Can ottophed completionals | | | | |
| | | | Note: See attached sample/layout >>>> NOTHING FOLLOWS < | | | | |
| | | | | | | | |
| | - | <u> </u> | | | | | |
| | | | Date of Delivery: Twenty-Five (25) 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) | | | | |
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| _ | | | | | | | |
| | | | Contact Person: Anthony T. Mate | | | | |
| | | | Contact Number: 0926-635-7446 | | | | |
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| | | | TOTAL APPROVED BUDGET FOR THE CONTRACT | | | | |
| | | - | Sixty Thousand Pesos Only | | | | |
| | | | (Php 60,000.00) | Note: Please specify brand model/origin. | | | |
| | _ | | PAGE 1 OF 1 | | | | |

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.

Supplier

O SOO SOO WHITTH INSTICE AND WHITTH WAR COUNCIL **Embroidered Logo** Black ZIPPER Black ZIPPER

flap, elastic binding edged hem, 2 zipped outer pockets, inner zipped pockets, water repellent, with embroidered logo. ITEM 6. jacket, color: gray and black, front zip with internal full-length windproof