



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

REQUEST FOR QUOTATION

RFQ No. **KC-2023-10-0296**

Date: **November 7, 2023**

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilGEPS 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. **Failure to indicate information could be basis for non-compliance.** Also, furnish 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), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B.** If awarded, please submit immediately the duly notarized Omnibus 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 Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: mkkmferranco@dswd.gov.ph** not later than **5:00 PM on NOVEMBER 13, 2023 (Monday).** Quotations submitted to different email address(es) 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]**.

Very truly yours,

HARVY B. CALABJO
Administrative Officer V
Procurement Section Head

Terms and Conditions:

- Award shall be made on per: ☐ item basis ☒ total quoted price ☐ lot basis
- Price Validity shall be valid until: **One Hundred Twenty (120) Calendar days**
- Services shall be delivered on: **15 CD after receipt of approved PO**
- Place of Delivery: **KALAHI-CIDSS RPMO 1680 BENITEZ ST., COR MALVAR ST., MALATE, MANILA**
- Terms of Payment: **within 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**
- 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.**
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- 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 "

Ma. Kahiel Kristal M. Ferranco
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09456365745/09152653142

Signature Over Printed Name
(Supplier)



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RFQ No. **KC-2023-10-0296**

Date: _____ (should be filled up by supplier)

MOP: SHOPPING FOR GOODS

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilGEPS Reg. No. : _____

Item			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 basis for non-compliance."	Unit Cost	Total Cost
No.	Qty.	Unit				
1	400	Ream	Multi Copy, a4 Bond Paper, 80gsm, size: 210mm x 297mm			
2	1	piece	Cork Board 18 x 24 Stationary & Craft (pc)			
3	3	pieces	Whiteboard stationary 18 x 24 (pcs)			
4	2	boxes	Push Pin Reusable Plastic 2 boxes			
5	6	Boxes	Sign Pen Needle Point 0.5mm (assorted Blue & Black), 12pcs/box			
6	20	piece	Sticky tab			
7	2	piece	Stapler Standard Type load cap: 200 staples min, with remover (pcs)			
8	20	box	Staple Wire standard, 500 wires #35			
9	2	piece	Standard Calculators (pcs)			
10	7	Box	Inkjet pixma G4770- Black (box)			
11	12	Boxes	Inkjet pixma G4770- Yellow, Blue and Pink (boxes)			
12	3	piece	Heavy Duty puncher black			
13	10	Box	Binder Clip 2. sizes per box 1 5/8			
14	30	Box	Paper clip regular size (box)			
15	15	Box	Pencil 12 pcs per box			
16	3	Box	Correction tape 12 per box			
17	10	Box	Paper Fastener (100pcs per box)			
18	100	piece	Paper folder green Long			
19	70	Ream	Multi Copy, Folio size Bond Paper 80gsm, size: 216 x 343 mm			
20	1	piece	Industrial Sharpener			
21	10	piece	Eraser			
22	1	box	Highlighter 12 pcs per box			
23	30	piece	Expandable Folder			
24	1	box	Whiteboard marker 12 pcs per box			
25	10	Box	Binder Clip 2. sizes per box 1 1/4, 1 3/4			
26	10	Box	Binder Clip 2. sizes per box 1 3/4			
27	10	piece	Heavy Duty scissors			
*** Nothing Follows ***						
Approved Budget for the Contract One Hundred Thirty-Two Thousand Fifty Pesos Only Php 132,050.00				Note: Please specify brand model/origin		

PURPOSE: **PURCHASE REQUEST FOR THE ANNUAL USE OF OFFICE SUPPLIES OF KKB - RPMO.**PR No.: **KC-2023-10-0296**(Signature over Printed name)
SupplierVAT
Non-VAT

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. 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.



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. KC-2023-10-0296 from DSWD MIMAROPA Region intended for the

PURCHASE REQUEST FOR THE ANNUAL USE OF OFFICE SUPPLIES OF KKB - RPMO.

Certified by:

(Signature Over Printed Name of Supplier)

Contact: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)

Position: _____

Date / Time of Delivery: _____

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