



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

REQUEST FOR QUOTATION

RFQ No.: 2023-10-1344 SHOPPING B
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: procurement.fomimaropa@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. CALABIO 11/7/2023

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: Within (30) Calendar Days upon receipt of Approved Purchase Order (PO)
- Place of Delivery: SLP Office, DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)
- 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**
- 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"

Mark Anthony A. Luz
Procurement Officer

Telefax: 5328-5111 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



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Date: _____ (should be filled up by supplier)

MOP: SHOPPING B

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

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
OFFICE SUPPLIES					
1	15	UNIT	Compact Calculator, Two way power source, LCD Display, with CE mark, Manufacturer must be ISO 9001 2008 Certified		
2	100	REAM	Paper, Copy, Multi-purpose, A4, 80gsm, 500 sheets/ream		
3	50	REAM	Paper, Copy, Multi-purpose, Legal size, 80gsm, 500 sheets/ream		
4	30	SET	Self-adhesive index tabs, Arrow shape, Size: (W) 0.47 in x (L) 1.7 in, 100 flags/set		
5	2	PACK	Sticker paper, Matte, A4 size, 100 sheets/ pack		
6	20	PIECE	Staple Wire Remover, Plier type, Heavy Duty, Push Style		
7	24	PIECE	Correction tape, 5mm x 10m		
8	4	PACK	Microfiber towels, 12 in x 12 in, 12pcs/pack		
9	20	BOTTLE	70% Solution Isopropyl Alcohol with Moisturizer sheets/roll, 1L pump		
10	5	PACK	Bathroom Tissue 3ply 450 12 rolls/12 rolls/ pack		
11	10	PIECE	Personalized Inking Stamp 17mm x 43mm up to 6 lines and 43 characters, black ink		
12	3	PIECE	Extension Wheel 15-Meter Cord Length 10A, With overheating protection button, power leakage/surge safety breaker, rapid flame retardant (trusted brand)		
13	10	PACK	Vinyl Inkjet Sticker, A4 size, A4 size, waterproof, white glossy, 20 sheets/pack		
14	10	PACK	Vinyl Inkjet Sticker, A4 size, A4 size, waterproof, semi-clear, 20 sheets/pack		
15	20	PACK	Board Paper, Plain, White, A4 Size, at 140 gsm, 10 sheets/pack		
16	20	PACK	Board Paper, Plain, White, A4 Size, at least 200 gsm, 10 sheets/pack		
17	10	BOX	Board Paper, Plain, White, Legal size, at least 200 gsm, sheet/pack		
18	10	BOX	Hi-Tecpoint Rollerball pen, Tip size: 0.5 mm Writing width: 0.30mm, Ink Color: Black, 12pcs/box		
19	10	BOX	Hi-Tecpoint Rollerball pen, Tip size: 0.5 mm Writing width: 0.30mm, Ink Color: Blue, 12pcs/box		
20	10	BOX	Backfold clip, 50mm, 12pcs/box		
21	10	BOX	Box Backfold clip, 32mm, 12pcs/box		
22	10	BOX	Backfold clip, 25mm, 12pcs/box		
23	10	BOX	Box Backfold clip, 19mm, 12pcs/box		
*****Nothing follows*****					
Activity: Procurement of office supplies for SLP RO Staff for 4th Quarter CY 2023					
Date of Delivery: Within 30 calendar days upon receipt of approved Purchase Order (PO)					
Area of Delivery: SLP Office, DSWD Field Office MIMAROPA (1680 F.T Benitez cor. Malvar Sts., Malate, Manila)					
Contact Person: Ms. Princess Amerah G. Lucman, PDO II (AO IV)					
Contact No. 0908-698-6695					
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> TOTAL APPROVED BUDGET FOR THE CONTRACT Ninety-Six Thousand Five Hundred Seventy Pesos Only (Php 96,570.00) </div>					
PAGE 1 OF 1					
Note: Please specify brand model/origin.					

PURPOSE: Purchase of SLP-office supplies for Regional Office Staff 4th Quarter

PR No.: 2023-10-1344

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.

Certified by:

(Signature Over Printed Name of Supplier)

Contact No: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Convasser)

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 provider.