

### DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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

#### REQUEST FOR QUOTATION

			RF( Date		2023-10-1355 NP-SVP November 21, 2023			
Company Name	*							
Company Address	+							
Contact Person	1							
Contact No.	*							
Email Address	+							
Company TIN								
	4							
PhilGEPS Reg. No.	*							
Sir/Madam:								
expenses for the good	ds listed in Annex	A Failure to in		uld be	icable taxes, and other incidental e basis for non -compliance. Also, cable.			
If you are exclusive notation a duly notation			the Philippines for goo	ds lis	ted in Annex A, please attach in your			
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	e, latest Income/li the attached form ement (if previous	Business Tax Remat marked as A sly submitted is ur	eturn and a notarized onnex B. If awarded , pl	or uni ease cate o	ermit, PCAB License (if applicable), notarized Omnibus Sworn Statement submit immediately the duly notarized of Platinum Membership maybe er.			
1680 F.T. Benitez co 5:00 PM on Novemb	orner Malvar Sts., I ber 28, 2023 (Tue: caluation. Please in	Malate, Manila <u>or</u> sday), Quotations ndicate in the sub	email to: procurement submitted to different	t.fom email	A Region -BAC Secretariat at 2nd Floo imaropa@dswd.gov.ph not later than address(es) as stated above shall not he Project using this format: [RFQ]			
					Very truly yours,			
				/				
			/		N/			
				-	ARVY B CALABIO			
					ministrative Officer V			
Terms and Condition	ons:			Proc	curement Section Head			
Award shall be r		item basis	x total quoted price		lot basis			
		_			LIOI basis			
<ol> <li>Price Validity sh</li> <li>Services shall b</li> </ol>			ty (120) Calendar days Days upon receipt of A		ed Purchase Order (PO)			
4. Place of Deliver			San Jose, Occidental M					
5. Terms of Payme	Control - Section Control - Control		nspection and accepta		Dela Assessa			
Account Name		t of Due and Dem			dvice to Debit Account) imber :			
Bank Name:	\ <del></del>		Branc					
			shall be charged a sen					
Liquidated Dam     the amount of					he time specified above, percent (0.001) of the cost of			
the unperforme	ed portion for ever	y day of delay sha	Il be imposed. Once the	cumi	ulative 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.							
Name and Address of the Owner, where the Park of the Owner, where the Owner, which the Owner, where the Owner, which the Owner, which the Owner, which the Owner, where the Owner, which the Owne				ailable	under the circumstances.			
	se indicate brand, m epancy between uni		rorigin.  t, unit cost shall prevail.					
9. Please indicate	warranty:							
			the Philippine Government site at www. philgeps.gov		ronic Procurement System register"			
	Altk							
	Anthony A. Luz							
	urement Officer 8-5111 to 07 loc. 24	1052			Signature Over Printed Name (Supplier)			
Gleran Joz	2 21111001100 24				(phisi)			

Procurement Form No. 04-A (Annex A)

DSWD
MMAROPA
REGION

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1880 F.T. Benitez corner Malvar Sta., Malate, Manila

t	lovernmen he PHILGE	t Electroni PS website	ic Procurement System (PHILGEPS). You may visit e all www.philgeps.gov.ph to register	RFQ No.: 2023-10-1355 Date:	should be filled up by	supplier (	
mpa	ny Name	ė	3	MOP: NP-SVP			
mpa	any Addr	<b>655</b>					
ntac	t Person		:				
	t No.		<del>*************************************</del>				
	Address	3					
			<u> </u>				
	any TIN		<u>i                                      </u>				
ilGE	PS Reg	No.	<u> </u>				
em 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 Cos	
1			Occidental Mindoro		1		
	77.0		Mineograph Printing Service Provider				
+	_		Specification				
1			a) Bond Paper- 4A Size, 80 gsm				
1			b) Printed in Back To Back				
			Types of Forms				
$\exists$	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)				
	2,000	copies	EF Final Assessment Report (FAR) Tools (2 pages)				
	4.000	copies	MD Final Assessment Report (FAR) Tools (2 pages)				
	- 11		*****Nothing follows*****				
			Approved Budget for the Contract: Php 77,000.00				
			PLACE OF DELIVERY: SWADT OCCIDENTAL MINDORO - San Jose, Occidental Mindoro				
1							
4			Delivery date: 7 Days upon receipt of P.O.				
$\exists$	_						
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-		-					
-		-					
		-					
		+					
		,	TOTAL APPROVED BUDGET FOR THE CONTRACT	<b>\</b>			
		-	Seventy SevenThousand Pesos Only	)			
			(Php 77,000.00)	Nata Disease small band and delication			
				Note: Please specify brand model/origin			
			PAGE 1 OF 1		1		

(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.





# 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			
Quotation (RFQ No) from				
for				
Certified by:				
(Signature Over Printed Name of Supplier)				
Contact No:				
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 RFG	Q is personally delivered to a prospective supplier/service provider.			