

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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

REQUEST FOR QUOTATION

		RFQ No.: 2023-10-1312 NP-SVP C
		Date: November 9, 2023
Company Name	940	
		
Company Address	1	
Contact Person	<u>V</u>	
Contact No.	<u> </u>	
mail Address	Ki Till San	
Company TIN	<u> </u>	
hilGEPS Reg. No.	Į.	
ir/Madam:		
Nonno queto unur no	vocament price (s including deliv	you shares MAT or other applicable tayon and other incidental
expenses for the goo	ds listed in Annex A. Failure to	very charges, VAT or other applicable taxes, and other incidental o indicate information could be basis for non -compliance. Also, eratures and/or samples, if applicable.
	nanufacturer, distributor, or age arized certification to this effect.	nt in the Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificate n accordance with Omnibus Sworn State	e, latest Income/Business Tax the attached format marked a ement (if previously submitted is	s Business Permit, Mayor's Permit , PCAB License (if applicable), k Return and a notarized or unnotarized Omnibus Sworn Statement is Annex B. If awarded , please submit immediately the duly notarized is unnotarized. The Certificate of Platinum Membership maybe d PHILGEPS Registration Number.
Floor 1680 F.T. Benit han <u>5:00 PM on No</u> shall not be consider	tez corner Malvar Sts., Malate, I evember 16, 2023 (Thursday).	th Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Manila or email to: procurement.formimaropa@dswd.gov.ph not later Quotations submitted to different email address(es) as stated above the in the subject of your email the title of the Project/using this format. Very truly yours, HARVY B. SALABIO
Terms and Condition	ons:	Administrative Officer V Procurement Section Head
1. Award shall be n	nade on per: item basis	x total quoted price lot basis
	all be valid until: One Hundred Ty	wenty (120) Calendar days
Services shall be		endar Days upon receipt of Approved Purchase Order (PO)
Place of DeliveryTerms of Payme		nal inspection and acceptance
		lemandable Accounts Payable- Advice to Debit Account)
Account Name:	기사(아이) (프리기어마) (아이) (아이는 보는 10년 이 10년) 시트랜	Account Number :
Bank Name:		Branch:
		unts shall be charged a service fee
6. Liquidated Dama		lure to make full delivery within the time specified above,
Address of the Park of the Par		at least equal to one-tenth of one percent (0.001) of the cost of shall be imposed. Once the cumulative amount of liquidated
		unt of contract, the Procuring Entity may rescind or terminate
		of action and remedies available under the circumstances.
	e indicate brand, model and countr	
8. in case of discre	pancy between unit cost and total	cost, unit cost shall prevail.
9. Please indicate		
		i at the Philippine Government Electronic Procurement System website at www. philigeps.gov.ph to register"
	T COPPOSED	
The state of the s	T. CORCORO	
	rement Officer 5111 to 5115 loc. 24052	Signature Over Printed Name (Supplier)
I EIEIAX. DOZO-	3111 10 3113 100. 24032	(Supplier)

Procurement Form No. 04-A (Annex A)



Contact No. **Email Address** Company TIN

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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.: 2023-10-1312 NP-SVP Date: (should be filled up by supplier) Company Name : MOP: NP-SVP Company Address : Contact Person

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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 Cost
4	1	unit	ACOUSTIC GUITAR (with port for amplifier, 40 inches)			
+			Note: See attached distribution list and full specifications of each item			
			>>>> NOTHING FOLLOWS <<<<			
			Date of Delivery: Twenty (20) calendar days upon receipt of approved			
			Purchase Order (PO)			
			Area of Delivery:			
			> BAHAY PAG-ASA SABLAYAN (BPA SABLAYAN)			
-	-		Sitio Mapagmahal, Brgy. Sto. Niño, Sablayan, Occidental Mindoro			
			Contact Person: MR. ANTHONY T. MATE			
-			Contact Number: 0926-635-7446			
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			TOTAL APPROVED BUDGET FOR THE CONTRACT			
_	-	-	Seven Thousand Pesos Only	\triangleright		
	-		(Php 7,000.00)	Note: Please specify brand		
				model/origin.		

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PR No.:	2023-10-1312 NP-SVP	☐ VAT
		Non-VAT
	(Signature over printed name)	

Supplier