

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

REQUEST FOR QUOTATION

				RFQ No.	2023-10-1321 NP-SVP B
				Date:	November 9, 2023
Company Name	8				
Company Address	47.0				
Contact Person	5				
Contact No.					
Email Address	1				
Company TIN					
PhilGEPS Reg. No.	+				
Sir/Madam:					
	ds listed in Ann	nex A. Failure to i	ndicate information	could be	icable taxes, and other incidental e basis for non -compliance. Also, cable.
If you are exclusive requotation a duly not			in the Philippines for	goods lis	ted in Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	e, latest Incom the attached for ement (if previous	ne/Business Tax Format marked as a busly submitted is a	Return and a notariz Annex B. If awarded	ed or uni , please : rtificate o	rmit, PCAB License (if applicable), notarized Omnibus Sworn Statement submit immediately the duly notarized if Platinum Membership maybe er.
	ed for evaluation	n Please indicate		r email the	e mail address(es) as stated above e title of the Project using this format: Very truly yours, ARVY/B CALABIO ministrative Officer V unerfrent Section Head
Terms and Condition	ons:			100	arement Section Flead
1. Award shall be r		litem basis	Tx total quoted	price	□ lot basis
2. Price Validity sh	all be valid until: e delivered on: y: See attac	One Hundred Twe Twenty (20) Calend hed Annex A	nty (120) Calendar d	ays of Appro	oved Purchase Order (PO)
	h LDDAP-ADA (L	the state of the s	nandable Accounts P	-	dvice to Debit Account)
Bank Name:	-			ranch:	meer a
**Note: Non La			ts shall be charged a		
Liquidated Dam the amount of the am					he time specified above, percent (0.001) of the cost of
					percent (0.001) of the cost of
damages reach	nes ten percent ((10%) of the amoun	t of contract, the Pro	curing En	tity may rescind or terminate
the contract wi	thout prejudice	to other courses o	faction and remedies		under the circumstances.
For goods pleas	se indicate brand,	model and country	of origin.	62	
 In case of discrete Please indicate 	North Comment	inii cost and total co	st, unit cost shall preva	3 11.	
		must be registered at	the Philippine Govern	ment Electr	ronic Procurement System
			bsite at www. philgeps		
1/-	-/-				
	T. CORCORO				
	urement Officer	Lucia			Signature Over Printed Name
Telefax: 5328	-5111 to 5115 loc	. 24052			(Supplier)

Procurement Form No. 04-A (Annex A)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

			ve supplier must be registered at the Philippine	RFQ No.: 2023-10-1321 NP-5	SVP		
			ctronic Procurement System (PHILGEPS). You may PS website at www.philgeps.gov.ph to register				
	VISIT THE	FriiLGE	r 3 Website at WWW pringeps.gov.pii to register	Date:	should be filled up	by supplier [
mp	any Na	ame	i e e e e e e e e e e e e e e e e e e e	MOP: NP-SVP			
mp	any A	ddress	*				
nta	ct Per	son					
	ct No.						
iiic	CE NO.	=	<u> </u>				
nail	Addre	SS	X.				
mp	any TI	N	*				
iiiG	FPS P	eg. No.	•				
iii G	LF3 K	eg. No.					
				Bidder's Specifications			
em lo.	Qty.	Unit		(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	Unit Cost	Total Cos	
				be basis for non-compliance"			
1 1		piece	SLIDING CABINET, 5 LAYERS FULL GALSS BOOK SHELVES				
		24000	> Size: 71 inches x 35 inches x 15 inches				
2	1	piece	3 DOOR STEEL LOCKERWOOD WITH HANGER METAL > Size: 71 inches x 50 inches x 16.5 inches				
3	5	niere	INDIVIDUAL CABINET/LOCKER WOOD				
•	-	piece	> Size: 71 inches x 17 inches x 16.5" x 11.5 inches per drawer height				
4	3	piece	4 DRAWER STEEL VERTICAL CABINET (52" x 18")				
5	1	piece	BOOK SHELVES (90cm x 62.7cm, see attached sample)				
6	1	piece	BOOK SHELVES, 3 LAYER WOODEN SHELF ORGANIZER, 7 COMPARTMENTS				
			> Size: 80 x 20 x 90 cm				
7	5		OFFICE TABLE (see attached sample)				
8	1	set	CONFERENCE TABLE WITH CHAIRS (WOODEN)				
-			> Size: 120 (L) x 60 (W) x 75 (H) Plate thickness				
-	-	_	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				
			Sillo Mapagrianal, Bigy. Sto. Mino, Sabiayan, Occidental Mindold				
			> BAHAY PAG-ASA SAN JOSE (BPA SAN JOSE)				
			Brgy, Mangarin, San Jose, Occidental Mindoro				
	-						
			Contact Person: MR. ANTHONY T. MATE				
	_		Contact Number: 0926-635-7446				
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-	-						
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	-						
	-						
=			TOTAL APPROVED BUDGET FOR THE CONTRACT One Hundred Ten Thousand Eight Hundred Ten Pesos & 25/100 Centavos				
		-	Only One Hundred Ten Thousand Eight Hundred Ten Pesos & 25/100 Centavos				
			(Php 113,810.25)	Note: Please specify brand			
				model/origin.			
				The state of the s			

Non-VAT

(Signature over printed name) Supplier