

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

## REQUEST FOR QUOTATION

					RFQ No. Date	2023-10-1321 NP-SVP <i>C</i> November 9, 2023				
Comp	any Name	£								
Comp	any Address									
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	act No.	-								
		2.00								
	Address	A								
	oany TIN	3								
PhilG	EPS Reg. No.									
Sir/M	adam:									
exper	nses for the good	ds listed in Anne	ex A. Failure to i		on could be	icable taxes, and other incidental e basis for non -compliance. Also, cable.				
200	are exclusive mation a duly nota		The state of the s	in the Philippines f	or goods list	ted in Annex A, please attach in your				
Philo in ac Omni	SEPS Certificate cordance with to bus Sworn State	, latest Income he attached fo ment (if previou	e/Business Tax R rmat marked as a usly submitted is u	Return and a nota Annex B. If award	rized or uni ed , please : Certificate o	rmit, PCAB License (if applicable), notarized Omnibus Sworn Statemen submit immediately the duly notarized if Platinum Membership maybe er.				
Floor than shall	1680 F.T. Benito 5:00 PM on No	ez corner Malva vember 16, 202 ed for evaluation	ir Sts., Malate, Ma 3 (Thursday), Qu n. Please indicate	anila <u>or email to: p</u> uotations submitted	rocurement to different	A Region -BAC Secretariat at 2nd t.fomimaropa@dswd.gov.ph not late email address(es) as stated above e title of the Project using this format: Very truly yours,				
					Ad	ministrative Officer V urement Section Head				
Term	ns and Conditio	ns:			_					
2.	Services shall be	Il be valid until: (	Twenty (20) Calend	nty (120) Calendar dar Days upon rece	days	lot basis				
	Place of Delivery Terms of Paymer		ed Annex A 30 days upon final	inspection and ac	ceptance					
0						dvice to Debit Account)				
	Account Name:				Account Nu	mber:				
	Bank Name:	d Bank of the P	hilinnines accoun	ts shall be charged	Branch:	e				
6.	Liquidated Dama					he time specified above,				
	the amount of th	e 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.								
7			o other courses of model and country		es avallable	under the circumstances.				
				or origin. st, unit cost shall pre	evail					
	Please indicate v	varranty:								
				the Philippine Gove bsite at www. philge		ronic Procurement System register"				
	V-	1. 6								
	DAVE	T. CORCORO								
		rement Officer				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

Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

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

Company Name : MOP: NP-SVP

Company Address :

Contact Person :

Contact No. :

Email Address :

Company TIN :
PhilGEPS Reg. No. :

Bidder's Specifications in
(Please fill out the specifications in

tem 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
1	10	piece	INDIVIDUAL CABINET/LOCKER WOOD			
			> Size: 71 inches x 17 inches x 16.5" x 11.5 inches per drawer height			
2	2	set	SALA SET (POLYURETHANE AND METAL LEGS)			
			> Size: 3 seater (190 x 70 x 93 cm - LWH); 1 seater (74 x 70 x 93 cm - LWH)			
			> Color: Black			
		707740	> Inclusions: One (1) three seater; Two (2) one seater			
3	2	set	DINING TABLE WITH 6 CHAIRS			
			> Size: Table (160 x 90 x 73.5 cm - LWH), Chair (50 x 50 5 x 98 cm - LWH)			
		-	Natas Cas attached distribution list and full appolitantions of each item			
	-		Note: See attached distribution list and full specifications of each item >>>> NOTHING FOLLOWS <>>>			
_			SSSS NOTAING FOLLOWS			
	-		Date of Delivery: Twenty (20) calendar days upon receipt of approved			
7.7			Purchase Order (PO)			
			Area of Delivery:			
			> BOAC BAHAY PAG-ASA (BPA BOAC)			
			Tabi, Boac, Marinduque			
			> PROVINCIAL GOVERNMENT OF MARINDUQUE (BPA MARINDUQUE)			
			Brgy, Bangbangalon, Boac, Marinduque			
			Contact Person: MR, ANTHONY T, MATE			
			Contact Number: 0926-635-7446			
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	1		TOTAL APPROVED BUDGET FOR THE CONTRACT	<del>-</del>		
			Ninety Thousand Pesos Only	2		
			(Php 90,000.00)	Note: Please specify brand		
_	+-	-		model/origin.		
_	-	-	PAGE 1 OF 1			

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.