

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

REQUEST FOR QUOTATION

Company Name Company Name Company Address Contact Person Contact No. Email Address Contact Person Contact No. Email Address Company TIN PhiGEPS 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 brockmics, catalogiuse, 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), PhiliGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Ominibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Onnibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Onnibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Onnibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Onnibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Onnibus Sworn Statemer in accordance with the attached format marked as Annex B. If awarded, please submit mediately the duly notarized on the submit of the Proceeding of the Certificate of Planta Marked Mar			RFQ No.:	2023-12-1441 NB-SVP
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Procurement Officer Signature Over Printed Name	The state of the s	이 경기에 하는 사람들이 얼마나 하는 사람들이 사용되었다. 나는 아이들은 아이들이 되었다면 하다 하는데 하는데 하다.		
Procurement Officer Signature Over Printed Name	Mark	Anthony A. Luz		
				Signature Over Printed Name
	Telefax: 532	3-5111 to 07 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 Philip Government Electronic Procurement System (PHILGEPS).				av visit RFQ No.: 2023-12-1441			
			ite at www.philgeps.gov.ph to register	Date:		(should be filled up t	y supplier)
Company Name		ne		MOP: NS	S-SVP		
omp	any Add	iress					
Conta	ct Perso	on					
Conta	ct No.		4				
Email	Address	s	4				
Comp	any TIN						
	EPS Reg		·				
-				Bidder's Spec	ifications		
Item No.	Qty.	Unit		(Please fill out the spe space pro NOTE: Supplier must the statement of co "COMPLY" or "NOT CO indicate information of non-compl	ecifications in the vided) state here either mpliance either DMPLY", Failure to could be basis for	Unit Cost	Total Cost
			Activity: Procurement of Advocacy Materials for NMDC Activity				
1	120	pack	Native Bag (Pandan)				
2	120	pack	Roasted Cashew				
3	120	pieces	Tipin (Coconut Biscuit)				
4	120		Marble Paperweight				
5	120	pieces	Ugoy-ugoy Biscuit				
6	120	pieces					
			>>>Nothing Follows<<<				
			Delivery Date: within 30 calendar days upon receipt of approved Purchase Order				
			Delivery Venue: SLP Palawan Office PEO Compound, Brgy. Bancao-Bancao, Puerto Princesa City, Palawan				
		-	Contact Person:Gina M. Bacosa				
			Contact Number: 0918-733-2627				
_							
The Control		_				-	
			TOTAL APPROVED BUDGET FOR THE CONTRACT				
			One Hundred Fourteen Thousand Nine Hundred Sixty Pesos Only (Php 114,960.00)				
				Note: Please specify I	brand model/origin.		
			PAGE 1 OF 1				
PURP	OSE:	Purchas	se of advocacy materials for NMDC Activities	-			
PR No		2023-12					VAT Non-VAT
				(Signature over	printed name)	-	yesteroustil

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

I hereby certify that I	, of
has	received the Request for
Quotation (RFQ No) from DSWD MIM	
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:	
Bate / Time of Belivery.	
Note: This form shall be used and issued in cases when RFQ is personally of	delivered to a prospective supplier/service provider.
PAGE1_	