

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

REQUEST FOR QUOTATION

	1	RFQ No 2024-01-0085 NP-SVP
		Date: February 5 2024
Company Name		
Company Address		
Contact Person	T	
Contact No.		
Email Address		
Company TIN	1	
PhilGEPS Reg. No.		
Sir/Madam:		
expenses for the goo	ods listed in Annex A Failure to	ery charges, VAT or other applicable taxes, and other incidental indicate information could be basis for non -compliance. Also, atures and/or samples, if applicable.
550	manufacturer, distributor, or agent arized certification to this effect	t in the Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	e, latest Income/Business Tax the attached format marked as ement (if previously submitted is	Business Permit, Mayor's Permit, PCAB License (if applicable), Return and a notarized or unnotarized Omnibus Sworn Statement Annex B. If awarded, please submit immediately the duly notarized unnotarized. The Certificate of Platinum Membership maybe PHILGEPS Registration Number.
maediones@dswd. email address(es) as	gov.ph not later than 5:00 PM o	or email to: procurement.fomimaropa@dswd.gov.ph and n February 12, 202 (Monday). Quotations submitted to different dered for evaluation. Please indicate in the subject of your email the [Deadline of Submission].
= -12 00		Administrative Officer V
Terms and Condition	ons:	
Award shall be	그들은 사람이 가는 그 아이들이 나를 보는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없었다.	
	hall be valid until: One Hundred be delivered on: 15 CD after red	ceipt of approved Purchase Order
4. Place of Delive		F.T. Benitez cor. Malvar St., Malate, Manila)
	nent: within 30 days upon fina	
Payment throu Account Name		d Demandable Accounts Payable- Advice to Debit Account) Account Number:
Bank Name:_		Branch:
		counts shall be charged a service fee
Liquidated Dar the amount of		allure to make full delivery within the time specified above, be at least equal to one-tenth of one percent (0.001) of the cost of
		ay shall be imposed. Once the cumulative amount of liquidated
damages read	ches ten percent (10%) of the ar	mount of contract, the Procuring Entity may rescind or terminate
		ses of action and remedies available under the circumstances.
	ase indicate brand, model and con	
Please indicate	repancy between unit cost and to e warranty	tai cost, unit cost shair prevaii.
10. NOTE: "Pro	spective supplier must be regis	stered at the Philippine Government Electronic Procurement System EPS website at www. philgeps.gov.ph to register "
MARKA	NZHONY E DIONES	
Telefax: 5336-810	06 to 07 loc. 2/052	Signature Over Printed Name

Contact Number: 09565162748

(Supplier)

VAT Non-VAT

(Signature over Printed name) Supplier



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS RFQ 2024-01-0085 NP-SVP website at www.philgeps.gov.ph to register I should be filled up by suppplier) Date: **Company Name** MOP: NP-SVP Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Item Bidder's Specifications fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY" - Failure to indicate information could be basis for non-compliance." Qty. Unit **PARTICULARS** Unit Cost **Total Cost** No. UPS Battery 1 20 pcs Specifications: UPS Battery - 12v7.5Ah Charging Type: CCCV Charge Constant Voltage Charge Standby use: 13.5-13.8V Cycle use: 14.4 - 15.0V Initial current: Less than 2.1A Dimensions (Length x Breadth x Depth)in cm (Without Base Stand) 15.1x6.5x9.37 cm Terminal Size:(T2): 6.35mm Capacity: 7.5 Ah Operating Voltage: 12 volt Compatibleto Kebos UPS 650VA Service Warranty: 1 Year *** Nothing Follows*** TOTAL APPROVED BUDGET FOR THE CONTRACT: Seventeen Thousand Four Hundred Fifty Pesos Only (Php 17,450.00) Note: Please specify brand model/origin . PURPOSE: Replacement of Defective UPS Battery 2024-01-0085 NP-SVP PR No.:

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. F AlLURE 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.