



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

REQUEST FOR QUOTATION

RFQ No: 2024-02-0093A SHOPPING B
Date: February 5 2024

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
Email Address _____
Company TIN _____
PhilGEPS Reg. No. _____

Sir/Madam:

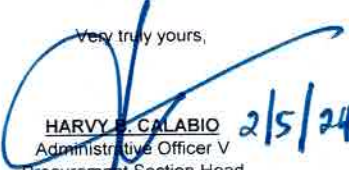
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.

Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: procurement.fomimaropa@dswd.gov.ph and maediones@dswd.gov.ph not later than 5:00 PM on February 12, 2024 (Monday). Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: **[RFQ Number], [Deadline of Submission]**.

Very truly yours,


HARVY J. CALABIO 2/5/24
Administrative Officer V
Procurement Section Head

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered on: 15 CD after receipt of approved Purchase Order
- Place of Delivery: DSWD MIMAROPA (1680 F.T. Benitez cor. Malvar St., Malate, Manila)
- Terms of Payment: within 30 days upon final inspection and acceptance
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number: _____
Bank Name: _____ Branch: _____
****Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the 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.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- 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 "


MARK ANTHONY E. DIONES

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09565162748

Signature Over Printed Name
(Supplier)



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Date: _____ (should be filled up by supplier)

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

MOP: SHOPPING B

Item No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance in either "COMPLY or "NOT COMPLY". Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
1	10	Bottle	Ink Cartridge, Epson L-5190, 003, Black			
2	7	Bottle	Ink Cartridge, Epson L-5190, 003, Cyan			
3	7	Bottle	Ink Cartridge, Epson L-5190, 003, Magenta			
4	7	Bottle	Ink Cartridge, Epson L-5190, 003, Yellow			
7	10	Bottle	Ink Bottle, Hp, GT53 XL, Black, Original			
8	10	Bottle	Ink Bottle, Hp, GT52 Cyan 3pcs, Magenta 3pcs and Yellow 4pcs			
9	7	Bottle	Ink Cartridge, Epson L565 series, T664, Black			
10	7	Bottle	Ink Cartridge, Epson L565 series, T664, Cyan			
11	7	Bottle	Ink Cartridge, Epson L565 series, T664, Magenta			
12	7	Bottle	Ink Cartridge, Epson L565 series, T664, Yellow			
13	10	Bottle	Epson Ink 008, Black, 127 ml			
14	6	Bottle	Epson Ink 008, Cyan, 70 ml			
15	6	Bottle	Epson Ink 008, Magenta, 70 ml			
16	6	Bottle	Epson Ink 008, Yellow, 70 ml			
*** Nothing Follows***						
TOTAL APPROVED BUDGET FOR THE CONTRACT: Fifty Thousand Two Hundred Forty Pesos Only (Php 50,240.00)						
				Note: Please specify brand model/origin .		

PURPOSE: Office Supplies and Materials for the use of all Division in DSWD FO MIMAROPA for the 1st Quarter of 2024
 PR No.: 2024-02-0093A SHOPPING B

VAT
 Non-VAT

 (Signature over Printed name)
 Supplier

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. 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.