



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

REQUEST FOR QUOTATION - 1ST EXTENSION

RFQ No. 2024-04-0319 Shopping-B
Date: April 23, 2024

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

Sir/Madam:

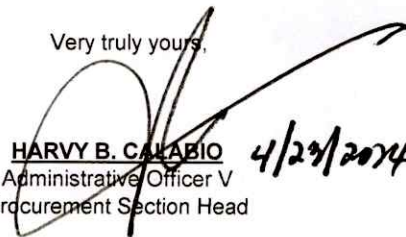
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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.

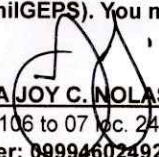
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: eicnolasco@dswd.gov.ph** not later than **5:00 PM on April 30, 2024 (Tuesday).** Quotations submitted to different email 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 B. CALABIO
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: Twenty (20) Calendar Days after receipt of Approved Purchase Order
- Place of Delivery: Pantawid Provincial Operation Office, 2nd Floor, RKT Building, JP Rizal St., cor. Bayabas St., Brgy. Lalud, Calapan City, Oriental Mindoro
- 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 "**


EMMA JOY C. NOLASCO

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09994602492

Signature Over Printed Name
(Supplier)



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

RFQ No. 2024-04-0319

Date: _____ (should be filled up by supplier)

MOP: Shopping-B

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

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 either "COMPLY" or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, ORIENTAL MINDORO FOR 2ND QUARTER, 2024						
1	6	jar	GLUE, all-purpose, 200 grams			
2	45	box	STAPLE WIRE, standard			
3	1	roll	TAPE, masking, 24 mm			
3	1	roll	TAPE, masking, 48 mm			
4	41	roll	TAPE, packaging, 48 mm			
5	6	roll	TAPE, transparent, 24mm			
6	36	roll	TAPE, transparent, 48 mm			
7	24	box	CLIP, backfold, 19mm			
8	24	box	CLIP, backfold, 25mm			
9	21	box	CLIP, backfold, 32mm			
10	12	box	CLIP, backfold, 50mm			
11	138	piece	CORRECTION TAPE, film based type, 8meters			
12	12	piece	DATA FILE BOX			
13	21	box	FASTENER, metal, non-sharp edges, 50sets/box			
14	43	piece	MARKER, Permanent, Black			
15	24	piece	MARKER, Whiteboard, Black			
16	3	box	PAPER CLIP, vinly/plastic coated, 33mm			
17	21	box	PAPER CLIP, vinly/plastic coated, jumbo, 50mm			
18	6	piece	STAPLE REMOVER, plier-type			
19	84	pad	NOTEPAD, stick-on, 76mm x 76mm (3" x 3")			
20	216	ream	PAPER, MULTICOPY A4, 80gsm			
21	70	ream	PAPER, MULTICOPY LEGAL, 80 gsm			
22	1	piece	WHITEBOARD, 48 x 48 inches			
23	3	piece	TONER, LASER JET PRO MFP 4103fdn (Office Use)			
24	6	piece	Brother Ink LC3617 - Black			
25	3	piece	Brother Ink LC3617 - Magenta			
26	3	piece	Brother Ink LC3617 - Cyan			
27	3	piece	Brother Ink LC3617 - Yellow			
28	225	piece	BALLPOINT PEN 0.5 Black			
29	99	piece	SIGN PEN, BLACK, liquid/gel ink, 0.5mm needle tip			
30	51	piece	SIGN PEN, BLUE, liquid/gel ink, 0.5mm needle tip			
*****NOTHING FOLLOWS*****						
page 1 of 2				Note: Please specify brand model/origin .		

PURPOSE: SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, ORIENTAL MINDORO FOR 2ND QUARTER, 2024

PR No.: 2024-04-0319

(Signature over Printed name)
Supplier

VAT
 Non-VAT

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.



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SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, ORIENTAL MINDORO FOR 2ND QUARTER, 2024						
31	10	pack	Specialty Paper Velum A4 size			
32	3	piece	EPSON universal ink black, 6641			
33	1	piece	EPSON Ink CYAN T6642			
34	1	piece	EPSON Ink MAGENTA T6643			
35	1	piece	EPSON Ink YELLOW T6644			
36	3	box	Fastener (plastic), 50pieces/box			
37	15	bottle	INK EPSON 001, Black			
38	1	bottle	INK EPSON 001, Cyan			
39	1	bottle	INK EPSON 001, Magenta			
40	1	bottle	INK EPSON 001, Yellow			
41	5	piece	Daily Time Record (DTR) Civil Service Form No. 48			
42	13	piece	INK, EPSON 003 (Black)			
43	9	piece	INK, EPSON 003 (Cyan)			
44	9	piece	INK, EPSON 003 (Magenta)			
45	9	piece	INK, EPSON 003 (Yellow)			
46	3	piece	Foldable Clipboard with Cover Leather (A4)			
47	3	bottle	INK BOTTLE, Brother BTD60BK, Black, 108ml			
48	1	bottle	INK BOTTLE, BROTHER BT5000Y, YELLOW, 48.8ml			
49	1	bottle	INK BOTTLE, BROTHER BT5000M, MAGENTA, 48.8ml			
50	1	bottle	INK BOTTLE, BROTHER BT5000C, CYAN, 48.8ml			
51	1	cart	HP Ink 680 colored			
*****NOTHING FOLLOWS*****						
TOTAL APPROVED BUDGET FOR THE CONTRACT:						
One Hundred Eighty One Thousand Eight Hundred Thirty Six Pesos Only (Php181,836.00)						
page 2 of 2						
				Note: Please specify brand model/origin .		

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