

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

REQUEST FOR QUOTATION

			024-05-0413 NP-SVP AY 20, 2024
		Dete:	11. 20, 2021
Company Name			
Company Address			
Contact Person			
Contact No	}		
Email Address	(2)		
Company TIN	**************************************	12	
PhilGEPS Reg No			
Sir/Madam:			
for the goods listed in	overnment price/s including delivery charges in Annex A. Failure to indicate information is, catalogues, literatures and/or samples, if a	could be basis for non	taxes, and other incidental expenses -compliance. Also, furnish us with
	nanufacturer, distributor, or agent in the Phili arized certification to this effect.	ppines for goods listed in	Annex A, please attach in your
PhilGEPS Certificat accordance with the Sworn Statement (if	attach copies of your Company's Business e, latest Income/Business Tax Return and e attached format marked as Annex B. If a previously submitted is unnotarized. The Ce is Permit and PHILGEPS Registration Numb	l a notarized or unnotari warded , please submit in rtificate of Platinum Mer	zed Omnibus Sworn Statement in nmediately the duly notarized Omnibus
F.T. Benitez corner Modernigad@dswd.co as stated above shall	and submit this form together with Annex A to Malvar Sts., Malate, Manila or email to: proc gov.ph not later than 5:00 PM on May 24, 2 Il not be considered for evaluation. Please in umber1, [Deadline of Submission].	eurement.fomimaropa@e 024 (Friday). Quotations dicate in the subject of yo	dswd.gov.ph and submitted to different email address(es
			ement Section Head
Terms and Condition	ons:		
 Services shall Place of Deliver 	shall be valid until: One Hundred Twenty (be delivered on: 7 days upon receipt the ery: DSWD MIMAROPA Youth Center (I	approved Purchase Ord MYC), Poblacion Bansud	lot basis ier I, Oriental Mindoro
Terms of Payr	ment: within 30 days upon final inspection	n and acceptance	Advise to Dobit Account)
Payment throu Account Nam	igh LDDAP-ADA (List of Due and Demand		Number :
Bank Name:	V20.0	Branch:_	
**Note: Non L 6. Liquidated Da	and Bank of the Philippines accounts sh	all be charged a service	fee the time specified above,
the amount o	f the liquidated damages shall be at least	equal to one-tenth of or	ne percent (0.001) of the cost of
the unperform	ned portion for every day of delay shall be	imposed. Once the cur	nulative amount of liquidated
damages rea	ches ten percent (10%) of the amount of c without prejudice to other courses of acti	ontract, the Procuring E	le under the circumstances.
7. For goods ple	ase indicate brand, model and country of ori	gin.	
8. In case of disc	crepancy between unit cost and total cost, ur	it cost shall prevail.	
 Please indicate NOTE: "Presented in the control of the contro	te warranty: ospective supplier must be registered at t	he Philippine Governme	nt Electronic Procurement System
(Ph	ilGEPS). You may visit the PhilGEPS webs	ite at www. philgeps.go	v.ph to register "
PD	AT F. QUMIGAD		
Telefax: 5336-81	05 to 07 loc. 24052		Signature Over Printed Name
Contact Numbe			(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 No. 2024-05-0413 website at www.philgeps.gov.ph to register (should be filled up by suppolier) Company Name MOP: NP-SVP

Delivery Address: DSWD MIMAROPA Youth Center (MYC), Poblacion Bansud,

(0)	5					
Compan	y Address		1			
Contact	Person					
Contact			*			
			<u>2</u>			
Email Ad	Email Address		<u>k</u>			
Compan	y TIN		E			
PhilGEP	S Reg. No.		±:			
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
			Purchase of Drinking Water for the MIMAROPA Youth Center (MYC) Residents for the month of June- December 2024.			
1	1,995	Container	Drinking Water Expenses (Free Delivery)			
	-		Inclusions:			
			> Water Dispenser (Hot and Cold)			
			> Monthly Cleaning of Water Dispenser			
			> Weekly Delivery			
		J	Requirements:			
	-		> Submission of Water Test Labaoratory Certificate from DOH accredited water testing laboratory			
			>BFAD Certificate			
			>Mayor's Permit			
			>Sanitary Permit			
			>DTI Permit			
	-		***NOTHING FOLLOWS***			
			Contact Person: Monica D. Pechon			
			Contact No.: 0921-975-0029			

TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Nine Thousand Eight Hundred Twenty Five Pesos Only (Php 69,825.00) Note: Please specify brand model/origin .

PURPOSE:

in DSWD's future biddings.

Purchase of Drinking Water for the MIMAROPA Youth Center (MYC) Residents for the month of June- December 2024.

PR No.:

RFQ No. 2024-05-0413

Oriental Mindoro

(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. F AILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting

VAT Non-VAT